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ABSTRACT

Presented is Stage I of the Comprehensive Approach to Pupil Planning (CAPP) System, a three-stage model for planning educational interventions in the regular and special education classrooms and for guiding placement decisions. The guide consists of the following: an overview of the CAPP System; an introduction to Stage I on classroom support (which includes a chart of Stage I activities and a breakdown of activities to be performed by the teacher, specialist, and coordinator; and a glossary of acronyms and terms used in the system); instructions for completing each section of the Classroom Support Folder used to document Stage I information; examples of notes and letters for communicating with parents; and procedures for finalizing the Classroom Support Stage. Also provided is a copy of the Classroom Support Folder which contains sections for recording teacher request for support, classroom planning worksheet, plan for alternative strategy, and additional services recommendation. (SBH)

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COMPREHENSIVE APPROACH TO PUPIL PLANNING

STAGE I

Experimental Edition

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This is Stage I of a three stage model for planning educational interventions in the regular and special education classrooms and for guiding placement decisions.

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This Guide presents the procedures to follow when you implement the Classroom Support Stage (STAGE I) of the Comprehensive Approach to Pupil Planning.

The Guide includes:

1. An Overview of the CAPP System
2. An Introduction to STAGE I — Classroom Support
   A. A chart of STAGE I activities and a breakdown of activities to be performed by the teacher, specialist, and coordinator.
   B. A glossary of acronymns and terms used in the system.
3. Instructions for completing each section of the Classroom Support Folder used to document STAGE I information. The folder contains sections for recording the following:
   TRS (Teacher Request for Support)
   CPW (Classroom Planning Worksheet)
   PAS (Plan for Alternative Strategy)
   ASR (Additional Services Recommendation)
4. Examples of notes and letters for communicating with parent(s)
5. Procedures for finalizing the Classroom Support Stage

OVERVIEW

Within the past two years, special education administrators, state departments of education, and the United States Congress have focused increased attention and effort on the development of appropriate educational opportunities for all handicapped children. This reflects an increased concern for the quality of administrative and instructional procedures, instructional and related service programming efforts, and accountability for all aspects of education.

Recently enacted legislation at both the state and national levels requires careful examination of current policies and procedures regarding the identification, evaluation, and provision of services to handicapped students. Processes must assure that as children who may require special assistance are identified, the rights of the child and his/her parents are safeguarded; they must also assure that educational decisions concerning the child's future are determined in a comprehensible, thorough, and equitable manner.

Research studies conducted in the past two years reveal the need for increased awareness and acceptance of the changing roles and responsibilities of educational personnel, the need for more formalized procedures, and the need to increase the efficiency of group decision making. Frequently, educators are not aware of the responsibilities they are expected to undertake as they evaluate student abilities, serve as members of Planning and Placement Teams, implement educational programs, and review student progress. Often, these procedures are carried out in a random, rather than a systematic manner; actions and considerations which must be guaranteed to students frequently occur—or fail to occur—by chance rather than by design. For example, videotape studies revealed that placement decisions are often reached without benefit of discussion of student needs or determination of eligibility.

The CAPP Model has been designed to provide a rational and flexible approach to facilitate the educational decision making process. Basically, the approach involves clearly identifying the problem, generating and reviewing alternative interventions, and selecting the most appropriate intervention. Through the formalization of activities, the CAPP materials assure that three basic goals are realized:

- decision quality is increased as a result of formalizing and structuring the activities,
- efficiency is increased through the most cost-effective utilization of time and personnel, and
- higher-level commitment to the decision is obtained as a result of greater involvement of the child's parents and school personnel.

The CAPP Model is initiated when a classroom teacher requests assistance in meeting the needs of a student who has failed to perform in the manner expected of him/her in the regular education program. CAPP materials guide instructional and supportive personnel through the process of identifying areas of concern, examining the current instructional program, and selecting alternative strategies for meeting the student's needs. If, after alternative strategies have been utilized and evaluated in the regular classroom, it is determined that the student may require more in-depth evaluation and special assistance to meet his educational needs, a meeting is held

and s/he is then referred to the Planning and Placement Team (PPT). The system was designed with the recognition that each student experiencing difficulty in the regular education program must be assured that every effort will be made to meet his/her needs within his/her current regular education program prior to and following referral for special education services. This assurance protects each student's right to be educated in the *least restrictive environment* and clarifies the responsibility of the regular education program.

If it is determined that modifications of the student's regular program have not enabled him/her to perform at the level expected in the regular classroom, the student is referred for comprehensive evaluation and consideration for special education services by the Planning and Placement Team. This referral marks the beginning of Stage II of the CAPP Model. The decision which is ultimately reached by the PPT is a crucial one, often affecting the student and his/her parents for a lifetime. Thus, the *guarantee of procedural safeguards* is of utmost importance. The Stage II form, the PPT Meeting Agenda, is structured to assure that the actions of professional educators culminate in the best decisions for children. Educators seek to assure that sound and ethical practices are followed as they review student assessment data, ascertain eligibility for services, explore placement options, and finally, identify the specific program which best suits the student's instructional and related service needs. At this time, the PPT also sets long-range goals for each student who is determined eligible for special education services.

During the third and final stage of the CAPP Model, the instructional staff responsible for implementing the student's educational program must develop an instructional plan which outlines teacher responsibilities and provides a framework for reviewing student performance. The instructional plan provides a structure for assuring that the specific instructional units lead to the attainment of the long range goals described in the need statements which were developed by the PPT during Stage II. This final planning effort facilitates the provision of a *free and appropriate public education* for all handicapped children.

Thus, three major issues have been considered in the development of the materials:

- the concept of least restrictive environment,
- the guarantee of procedural safeguards, and
- the assurance of a free and appropriate education.

Educational accountability enables us to document our efforts and our achievements as we strive to achieve these goals. Educational accountability, then, is not the catch-phrase of the future but an integral facet of current school practice. The Comprehensive Approach to Pupil Planning provides data for evaluation of current programming efforts and for the planning and design of future programming components. The data available from these materials provides documentation for requests to local school boards and state legislatures for additional funding, provides information regarding the most efficient staffing patterns and maximum utilization of resources, and reveals dysfunctions at the system and building levels which, when corrected, result in increased efficiency and cost-effectiveness. Thus, the conceptual shift toward emphasis on *quality* becomes an operational reality and a free and *appropriate* public education for all handicapped children is clearly an attainable goal.

The CAPP system .....

assures consideration of the least restrictive educational environment for each student

assures that the rights of each student are protected by formalizing all planning and placement team activities

facilitates parental involvement in the decision-making process

requires consideration of cost-effectiveness strategies for delivering educational and related services

is based on extensive research of current practices in the planning and placement team process in the state of Connecticut

utilizes a formalized agenda which increases efficiency and decreases repetition and meeting time

provides a format for the record of the PPT meeting

assures compliance with Conneticut statutes and state educational agency policy and procedures

assures compliance with Public Law 94-142

provides the state management information system with data required for state and federal government planning, evaluation, and reporting

STAGE I — INTRODUCTION

When a classroom teacher requests assistance in meeting the needs of a student who is not performing at the level expected in the regular education program, the Comprehensive Approach to Pupil Planning System is initiated. CAPP materials guide instructional and supportive personnel through the process of

- identifying areas of concern,
- examining the current instructional programs, and
- selecting alternative strategies for meeting the student's needs.

After alternative strategies have been utilized and evaluated in the regular classroom, a conference is held between the referring teacher and the instructional specialist assigned to provide guidance and assistance. At this time, student progress is reviewed to determine whether the student (a) no longer requires modifications of her/his instructional program, (b) continues to require alternative instructional strategies to meet her/his needs, or (c) requires in-depth evaluation and consideration for special education services by the Planning and Placement Team.

The Classroom Support Stage of the CAPP System was designed with the consideration that each student experiencing difficulty in the regular education program must be assured that every effort will be made to meet her/his needs within her/his current regular education program. This assurance protects each student's right to be educated in the least restrictive environment and clarifies the responsibility of the regular education program.

Services available through Stage I (Classroom Support) of the CAPP Model must be very carefully distinguished from those services provided in Stages II (Planning and Placement) and III (Instructional Planning).

STAGE I SERVICES Classroom Support	STAGE II & III SERVICES Planning and Placement—Instructional Planning
Formal and informal diagnostic assessments administered for the purpose of determining appropriate instructional strategies	Psychological and sociometric assessments administered for the purpose of determining eligibility and need for special education services
Medical screening examinations administered by school personnel	Medical examinations administered by physicians and other medical specialists
Educational services and instructional modifications which are provided through regular education personnel and materials	Special Education and Related Services which are provided , ranging from special materials provided in the regular education classroom to special education services provided in a self-contained facility
Stage I procedures *do NOT* REQUIRE PARENTAL notification and permission. However, the CAPP system does encourage parental participation during this classroom support stage	Stage II and III procedures DO require parent notification and permission

STAGE I — PERSONNEL

Five individuals play active roles during the Classroom Support Stage. These individuals include:

- The *teacher* requesting assistance
- The *specialist* assigned by the CAPP Coordinator to assist the teacher in finding appropriate alternative strategies for the student
- The *coordinator,* who is designated by the building administrator to be responsible for the coordination of Stage I activities; may be from the administrative, supportive, or instructional staffs
- The *parent,* who is included in the Planning and Review meetings
- The *student,* who needs assistance and in many cases is included in the planning process

Below is a list of activities in which these individuals may participate.

Teacher

- identifies student needs requiring additional classroom support
- notifies parent that s/he is concerned and will request support for the student (optional)
- requests support by completing the TRS (Teacher Request for Support) and submitting it to the coordinator
- discusses the following with the specialist assigned by the coordinator:
  area(s) of concern for the student
  the instructional and related supportive service strategies currently being used with the student
- advises the parent(s) and specialist of Alternative Strategy Planning Meeting
- conducts the planning meeting with the specialist, parent(s), and student, if applicable
- documents the results of the planning meeting on the PAS form
- gives copies of the PAS to the parent(s) and to the specialist
- implements alternative strategies in the classroom
- advises parent(s) and specialist of Alternative Strategy Review Meeting
- conducts the review meeting
- documents the results of the review meeting on the PAS form
- attends the ASR (Additional Services Recommendation) meeting if one is deemed necessary
- maintains the student's CAPP Folder in his/her files while implementing Stage I. Items in the folder include:
  TRS (Teacher Request for Support)
  CPW (Classroom Planning Worksheet)
  PAS (Plan for Alternative Strategies)
  ASR (Additional Services Recommendation)

Specialist

- reviews request for teacher assistance from Stage I CAPP Coordinator
- receives a copy of the TRS (Teacher Request for Support) from the CAPP Coordinator
- confers with the teacher who has requested assistance for a student
- completes the CPW (Classroom Planning Worksheet); discusses the following topics with the teacher:
  the teacher's area(s) of concern for the student
  the instructional strategies and the related supportive services currently being used with the student
- attends the planning meeting with the teacher and parent(s) — (If appropriate, the student also attends the meeting)
- assists in designing alternative strategies to meet the student's needs
- administers educational diagnostic assessments and/or district approved medical screening

  NOTE: Psychological, sociometric, personality and/or in-depth medical assessments must not be performed during Stage I. These evaluations require parental permission and are services available in STAGE II of the CAPP system.

Coordinator

- receives TRS (Teacher Request for Support) from the requesting teacher
- requests teacher assistance from the specialist who is best equipped to assist the teacher in meeting the student's needs
- receives the ASR (Additional Services Recommendation) request from the specialist
- arranges an ASR Meeting (Additional Services Recommendation) with the parent(s), specialist, and teacher
- conducts the ASR Meeting
- documents the meeting results in the ASR section of the folder
- obtains parental permission for planning and placement (Stage II)

Parent

- receives notification that teacher has requested support (optional)
- receives notification of PAS Planning Meeting
- participates in PAS Planning Meeting
- receives notification of PAS Review Meeting
- participates in PAS Review Meeting
- receives notification of ASR (Additional Services Recommendation)
- participates in ASR meeting

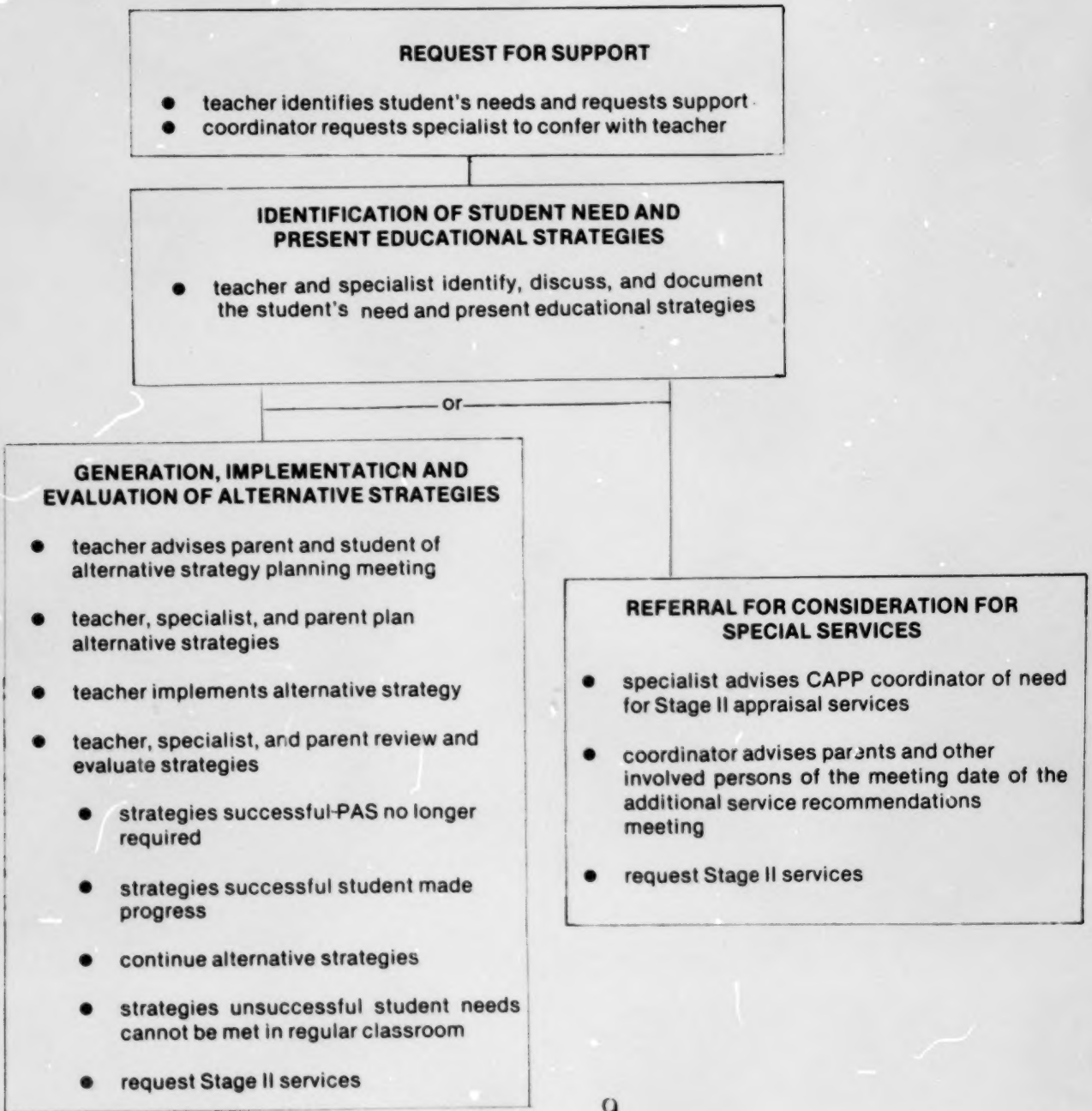
Student

If it is appropriate for the student to be involved in the classroom support activities, his/her role will be the same as the parent(s) role.

Figure 1 outlines the procedures to be followed during the Classroom Support Stage (Stage I).

Figure 1. STAGE CLASSROOM SUPPORT PROCEDURES

This figure lists the activities which can take place during the *Classroom Support Stage* of the CAPP system. The circled acronyms and abbreviations denote the specific parts of the Classroom Support folder used to document the various phases of Stage I.


REQUEST FOR SUPPORT
teacher identifies student's needs and requests support
coordinator requests specialist to confer with teacher
IDENTIFICATION OF STUDENT NEED AND PRESENT EDUCATIONAL STRATEGIES
teacher and specialist identify, discuss, and document the student's need and present educational strategies
or
GENERATION, IMPLEMENTATION AND EVALUATION OF ALTERNATIVE STRATEGIES
teacher advises parent and student of alternative strategy planning meeting
teacher, specialist, and parent plan alternative strategies
teacher implements alternative strategy
teacher, specialist, and parent review and evaluate strategies
strategies successful-PAS no longer required
strategies successful student made progress
continue alternative strategies
strategies unsuccessful student needs cannot be met in regular classroom
request Stage II services
REFERRAL FOR CONSIDERATION FOR SPECIAL SERVICES
specialist advises CAPP coordinator of need for Stage II appraisal services
coordinator advises parents and other involved persons of the meeting date of the additional service recommendations meeting
request Stage II services

GLOSSARY OF CAPP TERMS

To help familiarize you with the terminology of the system, the acronyms and abbreviations and some of the more frequently used terms found in Stage I, (Classroom Support of the Comprehensive Approach to Pupil Planning) are presented here. Classroom Support procedures follow.

ACRONYMNS AND ABBREVIATIONS

CAPP - **Comprehensive Approach To Pupil Planning** - the entire pupil planning system.

TRS - **Teacher Request for Support** - the white part of the folder used by the teacher to document his/her concerns for the student, thus setting the CAPP system in motion.

CPW - **Classroom Planning Worksheet** - the yellow part of the folder (pages 2, 3 and 4) used by the specialist and teacher to document the student's specific need and the instructional procedures the teacher has followed with the student.

PAS - **Plan for Alternative Strategies** - the pink part of the folder used by the teacher and specialist to record and evaluate the plan they will follow in meeting the student's needs.

ASR - **Additional Services Recommendation** - the golden part of the folder used by the coordinator, specialist, and teacher to request CAPP STAGE II services for the student. The ASR is used only if the student's needs cannot be met in the regular classroom setting.

TERMS

Alternatives, Classroom - methods or materials available within the classroom which can be varied to change the instructional strategies used with the student; includes the following subcategories:

- Materials
- Method of Grouping
- Classroom Management Techniques
- Scheduling

Alternatives, Related/Supportive Services - special services external to the classroom used to meet the student's needs. These services include:

- Counseling
- Occupational Therapy
- Physical or Recreational Therapy
- Supplemental Academic Instruction
- Summer Remedial Instruction Courses
- Psychiatric Counseling
- Psychological Counseling

The services may be sponsored and operated by the school, the community, or a private organization.

Alternative Strategies - the plans designed to meet the student's needs. These plans differ in some way from the strategies used prior to the Teacher's Request for Support.

Areas of Concern - the general areas in which there is a concern for the student; specifies the area in which the student needs assistance. The seven **Areas of Concern** are:

- Academic
- Socioemotional
- Perceptual Motor
- Self-Care or Self-Help
- Language/Speech
- Health-Related
- Gifted/Talented

Instructional Strategies - the instructional methods or materials used to meet the student's needs.

Needs - those skills with which the student requires assistance.

Specialist - the person with a specific area of expertise who is requested by the CAPP Coordinator to assist the teacher in planning alternative strategies to meet the student's needs; for example, a reading or math teacher, social worker, counselor, or school psychologist.

Strategy Changes - changes in the instructional method, materials, or related/supportive services used to meet the student's needs.

STAGE I - CLASSROOM SUPPORT PROCEDURES

Purpose: • Classroom Support procedures are designed to provide an efficient and effective process for maximizing resources within a regular education program. Stage I, the Classroom Support Stage, is a means for assuring that all regular education services have been systematically considered prior to the student's referral for consideration of special education services.

The Stage I folder was designed to document and guide the process of requesting and supplying classroom support for students and teachers in regular classes. The four procedures included in the folder are:

1. Request for support by the classroom teacher
2. Identification of student need and present educational strategies
3. Generation, implementation, and evaluation of alternative strategies
4. Referral for consideration for special services.

The parts of the folder on which the procedures are documented are as follows:

TRS (Teacher Request for Support)
CPW (Classroom Planning Worksheet)
PAS (Plan for Alternative Strategy)
ASR (Additional Services Request)

TEACHER REQUEST FOR SUPPORT (TRS)

Purpose: • To provide a format for teachers' requests for:
assistance from other staff members in the building or district, or
specific materials which are not normally available, but which would help meet the student's needs

Who completes the TRS?

The classroom teacher completes the date of request, the ID information and the first four sections of the TRS. The Coordinator completes section five.

Who receives copies?
The classroom teacher
The CAPP Stage I Coordinator
The specialist

Description:

The TRS is on page 1 of the Classroom Support Folder. It is white, automatically produces 2 copies, and contains an identification block and five (5) individual sections. Instructions for completing each section follow.

DATE OF REQUEST

1. *Record* the date you make your request before completing the remainder of the form.

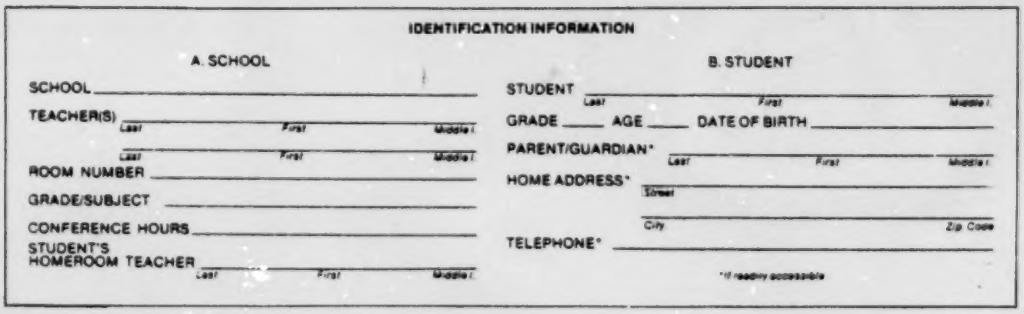
IDENTIFICATION INFORMATION

1. *Record* in Part A (school ID)

   School
   Your name
   Your room number
   Grade and subject you teach the student
   Your conference hours
   The student's homeroom teacher

2. *Record* in Part B (student ID)

   Student's Name
   Grade
   Age
   Date of Birth
   If readily accessible the following:
   Parent/guardian
   Home address
   Telephone


IDENTIFICATION INFORMATION

A. SCHOOL

SCHOOL _____

TEACHER(S) _____ (Last, First, Middle I.)

_____ (Last, First, Middle I.)

ROOM NUMBER _____

GRADE/SUBJECT _____

CONFERENCE HOURS _____

STUDENT'S HOMEROOM TEACHER _____ (Last, First, Middle I.)

B. STUDENT

STUDENT _____ (Last, First, Middle I.)

GRADE ____ AGE ____ DATE OF BIRTH _____

PARENT/GUARDIAN* _____ (Last, First, Middle I.)

HOME ADDRESS* _____ (Street)

_____ (City, Zip Code)

TELEPHONE* _____

*If readily accessible

SECTION 1. AREA OF CONCERN *(to be completed by teacher)*

Before completing Section 1, review the *Areas of Concern* described on the following pages.

Each area is briefly defined and examples of student behaviors which would be classified in that area are provided. The lists of behaviors are not intended to be exhaustive; they are included only to provide an idea of the types of behavior which fall under each *Area of Concern*.

Academic

You have an *Academic* concern for the student if you feel the student's behavior and performance in the academic area require special attention. Your concern is academic if the student needs improvement in order to behave or perform the following at his/her appropriate grade level:

read
understand what he/she has read
write
spell
understand and use the principles of grammar
read and write numerals
perform mathematical operations (add, subtract, multiply, divide)
apply math principles of distance, weight, time, etc., in his/her daily routine
understand fractions, decimals, measures
participate well in groups
do organized work
work independently
produce the quality of work he/she should
produce the quantity of work he/she should
concentrate on subject matter
follow directons
pay attention in class

Socioemotional

You have a *Socioemotional* concern for the student if you think the student's behavior in the socioemotional area requires special attention. The following characterize socioemotional behaviors which *might* require special attention:

The student . . .

cries frequently
spends a lot of time apparently daydreaming
seems excessively moody or depressed
exhibits anger toward peers and/or authority
disobeys
clowns around
acts rude
destroys or damages property
avoids group activity
lacks motivation
tends to be discouraged or give up easily
has an uncared for appearance
gets upset by changes in routine
seems accident prone
exhibits poor self-control
produces messy, disorganized work
seems less mature than majority of peers

The student appears to be unusually . . .

stubborn
tense/anxious
dependent
sensitive
critical
passive
hostile
boisterous
embarrassed
confused
restless
friendless
withdrawn
insensitive to others' feelings
unhappy
defiant
devious
uncooperative
incoherent and disconnected in his/her speech
alert and bright on some days and not others

The student is frequently . . .

tardy absent

Perceptual Motor

You have a *Peceptual Motor* concern for the student if you feel the student's behavior in the perceptual motor area requires special attention. Your concern is perceptual motor if the student needs improvement in order to perform the following at his/her appropriate grade level.

The student . . .

appears coordinated when . . .	perceives . . .	performs the following activities with ease . . .
crawling	size	copying accurately from the chalk-board or book
jumping	color	tying
running	shape	threading
skipping	texture	cutting
throwing or catching an object	sequence	coloring
balancing	symbols, letters, numerals	drawing
walking	right from left, up from down, etc. (directionality)	writing (holding a pencil); writing numbers, letters, or figures)

Self-Help or Self-Care

You have a *Self-Help or Self-Care* concern for the student if you feel the student's behavior and performance in the self-care area require special attention. Your concern is in the self-care area if the student needs improvement in order to perform the following at his/her appropriate grade level.

The child is . . .

- toilet trained
- capable of
  - dressing self
  - manipulating eating utensils to feed self
  - eating finger foods

Language/Speech

You have a *Language/Speech* concern for the student if you feel the student's behavior and performance in the language/speech areas require special attention. Your concern is in the language/speech area if the student needs improvement to perform the following at his/her appropriate grade level.

The student . . .

- speaks the language effectively
- writes the language effectively
- reads the language effectively
- understands what he/she says, writes, or reads
- understands what others say or read to him/her

The following characterize language/speech behaviors which *might* require special attention:

The student . . .

- has an unusual quality or pitch to his/her voice
- has a cleft lip or palate
- omits, distorts or substitutes sounds
- lisps
- stutters
- appears to have impaired hearing which you feel might result in his/her speech deficiency
- consistently talks too rapidly or slowly
- speaks in a disconnected, incoherent manner
- has trouble recalling the sequence of, or answering questions about what he/she has read or heard
- has a limited vocabulary for his/her age group
- speaks in incomplete sentences or uses only simple sentences
- frequently resorts to gestures because the words just won't come
- has difficulty being understood because of strong cultural or ethnic dialects

Health Related

You have a *Health Related* concern for the student if you feel the student's behavior and/or appearance requires special attention. The following characterize health related concerns.

The student . . .

- requires more light than others to see
- squints
- rubs eyes
- has obvious dental needs
- has skin symptoms
- has frequent ear, nose, or throat symptoms
- tires easily
- perspires profusely
- has allergies
- has a physical abnormality
- takes medication
- expresses concern about his/her physical health

Gifted/Talented

Your concern for the student would be classified as *Gifted/Talented* if you feel that the student's behavior and performance in The Academic, Intellectual, Artistic or Psychomotor Area(s) are far superior to those normally expected from a student his/her age. The following characterize *Gifted/Talented behaviors:*

1. **Intellectually Gifted**

   The student . . .

   learns rapidly and easily and retains what he/she has learned
   has keen powers of observation and reasoning
   reads one, two, or more years above his/her grade level
   has and uses an unusually large vocabulary

2. **Creative Writing Talent**

   The student . . .

   plots a story and keeps ideas organized
   uses descriptive words and makes characters seem life-like
   spends own time writing stories and poems
   omits unnecessary detail but includes important items other children might miss

3. **Artistic Talent**

   The student . . .

   draws a variety of things
   shows originality and tries new art forms
   spends own time doing art activities and finds satisfaction from it
   enjoys working with three-dimensional art

4. **Dancing Talent**

   The student . . .

   appears well coordinated and is agile on his/her feet
   responds to music by performing an appropriate rhythmic action
   taps out rhythms
   uses his/her own time to pursue dancing interests

5. **Dramatic Talent**

   The student . . .

   communicates with facial expressions and gestures and enjoys an audience
   writes original plays or makes up plays from stories
   tells an interesting story and mimics people and animals
   uses his/her own time to pursue dramatic interests

6. **Musical Talent**

The student . . .

responds more than others to rhythm and melody
sings well and enjoys singing in groups
plays one or more musical instruments well
uses his/her own time to pursue music interests

7. **Scientific Ability**

The student . . .

has good motor coordination, and does fine, precise manipulations
is not easily discouraged by failure of experiments or projects
spends his/her own time on special projects
reads much literature related to his/her interests

8. **Mechanical Skills**

The student . . .

does well on craft projects
comprehends mechanical problems, puzzles and trick questions
reads magazines and books with mechanical topics
has a hobby which requires mechanical skills and is interested in mechanical gadgets and machines
uses his/her own time to pursue mechanical interest

9. **Leadership Abilities**

The student . . .

exhibits unusual leadership abilities in several kinds of activities
influences others
judges the abilities of other children and finds places for them in groups
draws out ideas and suggestions from other students

10. **Physical Skills**

The student . . .

has exceptionally good coordination and high energy level
enjoys competitive games involving physical activity
uses his/her own time to practice physical activities related to his/her interests

INSTRUCTIONS FOR COMPLETING SECTION 1

1. After you have reviewed the Areas of Concern, *check* each area that applies to the student for whom you are requesting assistance.

2. *Circle* the area which represents your *highest priority* concern.

3. *Describe* the student's performance, behavior, attitudes, and/or abilities for each area you have checked (i.e., the reason you are requesting assistance). Some possible entries might include the following:

   The student . . .

   reverses letters
   seems unusually restless
   is frequently involved in arguments or fights
   has difficulty completing assignments because handwriting is unusually difficult for him
   is working below his potential because he spends too much time getting organized

   The information you record here should be specific enough to allow the CAPP coordinator to select the appropriate specialist to assist you.

4. *Check* whether or not the student has been temporarily removed from your classroom because of a crisis situation.

5. If so, *state* the reason for the removal and indicate the length of time the student has been out of your classroom.

1. AREA OF CONCERN

Check your major area(s) of concern, briefly describe the student's (A) Performance, (B) Behaviors, (C) Attitudes and/or (D) Abilities for each major area of concern. If you have identified more than one area of concern, *circle* the area which represents your priority need for this student.

☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF-CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

Your observations in area of concern: _____

_____

_____

_____

_____

_____

Has this student been temporarily removed from your classroom due to a crisis situation? ☐ YES (_____ Date) ☐ NO

Comments: _____

_____

SECTION 2. RELATED/SUPPORTIVE SERVICES HISTORY *(to be completed by teacher)*

1. *Check* whether or not you are aware of previous or present special services provided to this student. These services can include counseling, occupational therapy, physical or recreational therapy, supportive academic instructions such as summer remedial instruction courses. These may be either school, community, or privately sponsored and operated services.

2. *Describe* the service(s) provided, giving type, date, and personnel delivering the service.

2. RELATED SUPPORTIVE SERVICES HISTORY

Are you aware of any special services provided for this student now or in the past? ☐ YES ☐ NO

If relevant, indicate the (A) type, (B) location, and (C) personnel delivering the service.

_____

_____

SECTION 3. TEACHER RECOMMENDATIONS *(to be completed by teacher)*

1. *Record* your specific recommendations here. You may have in mind the specific type of assistance or materials you wish to request for the student. If, for example, the student is tardy or absent frequently, you might suggest that the school counselor, social worker or someone from the attendance office confer with the student and/or parents. If the student is doing well in most areas but needs more specialized help in a specific area, you might request supplementary materials which you feel would help you meet the student's needs in this area. Or, you may decide you need more than materials and request the services of a staff member who specializes in the student's area of need.

   If a specialist is consulted, he or she should advise the CAPP coordinator that the specialist and the teacher have conferred so that the coordinator will be kept informed of the action taken in the case.

3. TEACHER RECOMMENDATIONS

Please record any suggestions for meeting this student's needs more effectively. Your suggestions may include specific titles of materials, methods of grouping, classroom management techniques, scheduling or other recommendations.

_____

_____

SECTION 4. PARENT NOTIFICATION *(to be completed by teacher)*

1. *Check* whether or not you have consulted with the parents about the student's current needs. Chances are you have already contacted the parents about your concern for their child. In any event, a phone call or a brief note to the parents should improve school-home communications. An optional model letter for parental notification is provided in Appendix A.

2. *Record* relevant comments about your communications with the student's parents.

4. PARENT NOTIFICATION

Have the parents been notified about your current concern for this student? ☐ YES ☐ NO

Comments. _____

_____

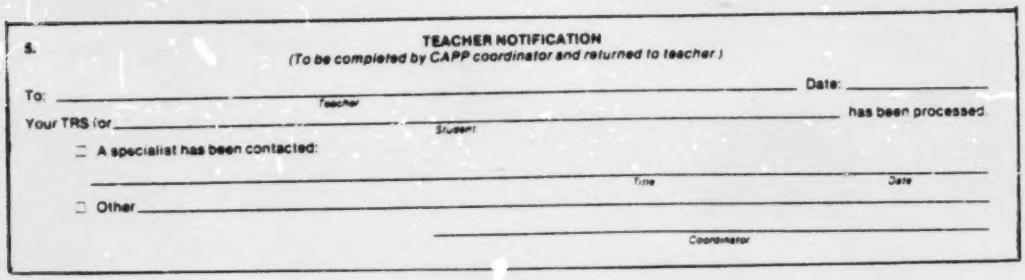
Distribution Instructions *(Teacher)*

Tear Off the two top copies and submit them to the STAGE I coordinator.
RETAIN the folder in your files.

SECTION 5. TEACHER NOTIFICATION *(to be completed by the coordinator)*

1. *Complete* this section by indicating

   teacher's name
   date you complete this teacher notification
   student's name
   specialist's name
   specialist's title
   date and time specialist will contact teacher (also write this information at the top of the page so it will appear on the specialist's copy)



5. **TEACHER NOTIFICATION**
(To be completed by CAPP coordinator and returned to teacher.)

To: _____ Date: _____
Teacher

Your TRS for _____ has been processed.
Student

☐ A specialist has been contacted:

_____
Time Date

☐ Other _____

_____
Coordinator

Distribution Instructions *(Coordinator)*

Detach section 5 (Teacher Notification) from one of the copies and return it to the teacher

Give the remainder of this TRS (Sections 1-4) to the specialist

Retain the intact copy for your files

CLASSROOM PLANNING WORKSHEET (CPW)

The teacher and the specialist complete the Classroom Planning Worksheet as they discuss the teacher's concerns about the student. While the teacher has a wealth of information as a result of numerous classroom experiences with the student, the specialist may not even be acquainted with the student and will have only the information that the teacher recorded on the TRS (Teacher Request for Support). Since it is important that the specialist understand the student's problem, the CPW planning format will provide both teacher and specialist the opportunity to discuss and record information which will document the *Areas of Concern* and the *Instructional Strategies* the teacher has already used with the student. It also provides the specialist with the opportunity to ask questions and it gives the teacher a chance to verbally add other information which will be useful to the specialist in understanding the student's problem. If you have information not listed on the CPW which you feel should be added to the student's file, then record pertinent comments on a sheet of paper and staple it to the folder.

Once the specialist understands the teacher's concerns and the student's need for assistance, together the teacher, specialist, parent, and in some instances, the student will use the CPW to plan alternative strategies to meet the student's needs. The length of the CPW is deceptive, for it requires information about *only* those *Areas of Concern* and *Instructional Strategies* which are relevant to the student's program.

Purpose:

- To document information discussed by the teacher and the specialist
- To record the specific *Areas of Concern* in which the student needs assistance in improving his/her skills
- To record the *Instructional Strategies* that have already been tried with the student
- To serve as an aid to planning *Alternative Strategies* for the student

Who Completes the CPW?

The specialist is responsible for completing the CPW. However, both the specialist *and* the teacher work together to record the information.

Who Receives Copies of the CPW?

The CPW is a single-copy worksheet. The Regular Classroom Teacher maintains the CPW in the student's CAPP folder.

Description:

The CPW is the yellow part of the folder located on pages 2-4 of the CAPP Classroom Support (STAGE I) folder. It contains two (2) major sections: Areas of Concern and Instructional Strategies. Below is an outline of these two sections and their subcategories.

SECTION I. AREAS OF CONCERN

A. ACADEMIC

READING
MATHEMATICS
OTHER SUBJECT AREAS
(The Present Level of Educational Functioning is recorded for each academic area for which the teacher requests support.)
WORK HABITS

B. SOCIOEMOTIONAL

SOCIAL ADJUSTMENT
CLASSROOM BEHAVIOR
ATTENDANCE AND/OR TARDINESS
PRESENT LEVEL OF EDUCATIONAL FUNCTIONING

C. PERCEPTUAL MOTOR

GROSS MOTOR COORDINATION
FINE MOTOR COORDINATION
HAND-EYE COORDINATION
HANDEDNESS OR DEXTERITY
OTHER
PRESENT LEVEL OF EDUCATIONAL FUNCTIONING

D. SELF-CARE

TOILETING
FEEDING
DRESSING
PRESENT LEVEL OF EDUCATIONAL FUNCTIONING

E. LANGUAGE/SPEECH

EXPRESSIVE LANGUAGE
RECEPTIVE LANGUAGE
ARTICULATION
VOICE
FLUENCY OF SPEECH
OTHER CONDITIONS
PRESENT LEVEL OF EDUCATIONAL FUNCTIONING

F. HEALTH-RELATED

HEARING
VISION
OTHER

G. GIFTED/TALENTED

INTELLECTUALLY GIFTED
CREATIVE WRITING TALENT
ARTISTIC TALENT
DANCING TALENT
DRAMATIC TALENT
MUSICAL TALENT
SCIENTIFIC TALENT
MECHANICAL SKILLS
LEADERSHIP ABILITIES
PHYSICAL SKILLS
PRESENT LEVEL OF EDUCATIONAL FUNCTIONING

SECTION II. INSTRUCTIONAL STRATEGIES

A. AREA OF CONCERN

B. MATERIALS

CONTENT
TYPES

C. METHOD OF GROUPING

GROUPING FOR CLASSROOM ACTIVITIES
SEATING ARRANGEMENT
TYPE OF GROUPING

D. CLASSROOM MANAGEMENT TECHNIQUES

E. SCHEDULING

SECTION 1. AREAS OF CONCERN

Purpose: ● To identify and record the specific *Areas of Concern* in which the student needs assistance in improving his/her skills.

General Instructions

1. *Complete only* those sections that apply to the student's major areas of need. *Check only those items in which the student needs assistance, improvement, or additional attention.*

2. Record the student's present level of educational functioning in those areas which you have checked.

3. Begin with the major *Area of Concern. Document* specific concerns in that area, then *Record* information in other areas which might be relevant. For example, if the concern is about the student's lack of progress in reading, the teacher and the specialist will discuss and document those specific reading concerns in which the student needs assistance. Perhaps the teacher feels that the student's work habits have a direct bearing on his/her academic performance. If so, the work habits section will also be completed.

4. *Decide* if items in the other *Areas of Concern* are relevant to the student's current needs. If they are, then complete the items in the sections which apply to your present concern.

Part A. Academic Concerns
(A discussion of academic behaviors was presented on page 8 of this guide.)

1. If your concern is in an academic area, *check* the subject area.

2. *Check* the specific skills with which the student requires assistance.
3. *Record* standardized test scores, if available.
4. *Record* present level of educational functioning.
5. *Note* other pertinent data.

A. ACADEMIC CONCERNS

1. ☐ **READING** *(Check the reading skills in which the student requires assistance.)*

☐ READINESS
☐ WORD RECOGNITION
___ SIGHT VOCABULARY
___ WORD ANALYSIS

☐ COMPREHENSION
___ WORD MEANING
___ SENTENCE MEANING
___ LITERAL RECALL
___ MASTERY OF MATERIAL

☐ FUNCTIONAL READING
___ ORAL/SILENT
___ RATE
___ FLUENCY
___ OTHER: _____

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____
_____
_____
_____

STANDARDIZED TEST SCORES *(if available)*

_____ / _____ _____
Test Date Grade Level Equivalent

2. ☐ **MATHEMATICS** *(Check the mathematic skills in which the student requires assistance.)*

☐ BASIC OPERATIONS
___ COUNTING (ROTE)
___ READING NUMERALS
___ WRITING NUMERALS
___ ADDITION
___ SUBTRACTION
___ MULTIPLICATION
___ DIVISION
___ OTHER _____

☐ PROBLEM SOLVING
___ WORD PROBLEMS
___ APPLICATION OF PRINCIPLE

☐ CONCEPTS
___ GROUPING
___ CARDINALITY
___ ORDINALITY
___ MEASUREMENT
___ TIME
___ SPATIAL RELATIONSHIPS
___ OTHER: _____

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____
_____
_____
_____

STANDARDIZED TEST SCORES *(if available)*

_____ / _____ _____
Test Date Grade Level Equivalent

3. ☐ **OTHER SUBJECT AREAS** *(List the subject area and briefly describe the skills in which the student needs assistance. If your concern is the result of the student's difficulties in the acquisition of reading, mathematic or work habit skills, please complete the information in those sections.)*

_____
_____
_____
_____
_____
_____

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____
_____
_____
_____

STANDARDIZED TEST SCORES *(if available)*

_____ / _____ _____
Test Date Grade Level Equivalent

4. ☐ **WORK HABITS** *(Check the behaviors which need improvement for this student.)*

___ EXHIBITING TASK PERSISTENCE
___ PARTICIPATING IN GROUP DISCUSSIONS
___ COMPLETING ASSIGNMENTS
___ COOPERATING IN GROUP ACTIVITIES
___ ATTENDING *(length of attention span)*
___ OTHER *(describe)* _____ _____
_____

Part B. Socioemotional Concerns
(A discussion of socioemotional behaviors was presented on page 9 of this guide.)

1. If your concern is in the socioemotional area, *check* those areas of social adjustment in which the student requires assistance in developing skills.

2. *Record* other relevant information under the comments sections.

3. *Record* present level of educational functioning.

B. SOCIOEMOTIONAL CONCERNS

1. SOCIAL ADJUSTMENT *(If student's social adjustment in the classroom is an area of concern, check those areas in which the student requires assistance in developing skills.)*

___ POSITIVE SOCIAL BEHAVIOR
___ SOCIAL ACCEPTANCE BY PEERS
___ POSITIVE SELF-CONCEPT
___ SELF-DISCIPLINE
___ OTHER *(describe)* _____

Comments: _____

2. CLASSROOM BEHAVIOR *(If the student's classroom behaviors are an area of concern, check those in which the student requires assistance.)*

___ SHOWING RESPECT FOR OTHER'S PROPERTY
___ RESPONDING TO AUTHORITY FIGURES
___ RESPECTING THE RIGHTS OF OTHERS
___ INTERACTING SPONTANEOUSLY/COOPERATIVELY WITH OTHERS
___ OBEYING CLASSROOM RULES
___ OTHER *(describe)* _____

Comments: _____

3. ATTENDANCE AND/OR TARDINESS *(If attendance or tardiness is an area of concern, please check here and indicate the number of times the student has been absent and/or tardy.)*

Comments _____

4. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

Part C. Perceptual Motor Concerns
(A discussion of perceptual motor behaviors was presented on page 9 of this guide.)

1. If your concern is in the perceptual motor area, *check* those skills or developmental areas which need attention.

2. *Record* other relevant information in the Comments section.
3. *Record* present level of educational functioning.

C. PERCEPTUAL MOTOR CONCERNS *(If the student's perceptual motor skills are an area of concern, check those skills or developmental areas which need attention.)*

1. GROSS MOTOR COORDINATION
2. FINE MOTOR COORDINATION
3. HAND-EYE COORDINATION
4. HANDEDNESS OR DEXTERITY
5. OTHER *(describe)* _____

Comments: _____

6. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

Part D. Self-Care Concerns
(A discussion of self-care behaviors was presented on page 10 of this guide.)

1. If your concern is in the self-care area, *check* the specific area.
2. *Provide* examples of the behavior which resulted in your request for assistance.
3. *Record* present level of educational functioning.

D. ☐ **SELF-CARE** *(If the student's self-care skills are an area of concern, check those areas which need attention.)*
1. ☐ TOILETING — *Comments:* _____
2. ☐ FEEDING
3. ☐ DRESSING
4. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____
_____

Part E. Language/Speech Concerns
(A discussion of language/speech behaviors was presented on page 10 of this guide.)

1. If your concern is in the language/speech area, *check* the specific area.
2. *Provide* examples of the behavior which resulted in your request.
3. *Record* present level of educational functioning.

E. ☐ **LANGUAGE/SPEECH CONCERNS** *(If language or speech are areas of concern, check and describe those areas in which the student requires assistance. List examples of the student's behavior which resulted in your request for assistance.)*

1. ☐ EXPRESSIVE LANGUAGE
   ___ SPOKEN _____
   ___ WRITTEN _____
2. ☐ RECEPTIVE LANGUAGE
   ___ SPOKEN _____
   ___ WRITTEN _____
3. ☐ ARTICULATION _____
4. ☐ VOICE _____
5. ☐ FLUENCY OF SPEECH *(interruptions in speech patterns, stuttering)* _____
6. ☐ OTHER CONDITIONS *(physical, emotional or social which affect speech or hearing)* _____
7. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____
_____

Part F. Health Related Concerns
(A discussion of health-related behaviors was presented on page 10 of this guide.)

1. If your concern is in the health related area, *check* the specific area.
2. *Provide* examples of the behaviors which resulted in your request.

F. ☐ **HEALTH-RELATED CONCERNS** *(Check those areas of concern which require attention. Provide examples of the student's behavior which resulted in your request for assistance.)*

1. ☐ HEARING _____
2. ☐ VISION _____
3. ☐ OTHER _____

Part G. Gifted/Talented Concerns
(A discussion of gifted/talented behaviors was presented on pages 11-12 of this guide.)

1. If your concern is in the gifted/talented area, *check* those areas in which the student exhibits superior abilities.

2. *Record* the student's present level of educational functioning.

G. ☐ **GIFTED/TALENTED CONCERNS** *(Check those areas in which the student exhibits superior abilities and where he/she needs services beyond those available in the regular classroom.)*

1. ☐ INTELLECTUALLY GIFTED
2. ☐ CREATIVE WRITING TALENT
3. ☐ ARTISTIC TALENT
4. ☐ DANCING TALENT
5. ☐ DRAMATIC TALENT
6. ☐ MUSICAL TALENT
7. ☐ SCIENTIFIC ABILITY
8. ☐ MECHANICAL SKILLS
9. ☐ LEADERSHIP ABILITIES
10. ☐ PHYSICAL SKILLS
11. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

SECTION 2. INSTRUCTIONAL STRATEGIES

Purpose:
- To identify and record the instructional methods and materials that have already been used with the student
- To serve as an aid to planning alternative strategies for the student

General Instructions

1. The *Instructional Strategies* section is located on page 4 of the Classroom Support Folder and is used to record strategies for your *priority* concern.

2. *Record* the strategies that are currently being used to meet the student's needs in the *priority Area of Concern*. If the *Area of Concern* is health related, it is not necessary to complete the *Instructional Strategies* section unless it is relevant.

3. *Record* strategies for *additional Areas of Concern* on the extra form entitled *Instructional Strategies For Additional Areas of Concern*.

4. *Be Sure* you have completed an *Instructional Strategies* section for each *Area of Concern* you checked on pages 2 and 3 of the CPW.

5. *Staple* the *Instructional Strategies For Additional Areas of Concern* to the CPW.

Part A. Areas of Concern

1. *Check* the *Area of Concern* for which these strategies apply. The strategies recorded directly on the CPW are for the *priority* concern.

3. **AREA OF CONCERN** *(Check the area of concern for which this PAS is being designed.)*
☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

Part B. Materials

1. *Check* the items under the content area which have been tried with the student.

2. *Check* and *Describe* the types of materials which have been used with the student.

Examples

CONTENT OF MATERIALS

Examples:

changing the grade level of materials you have used with the student
changing textbook or materials series
reducing the amount of work (less reading, fewer problems, etc.)
increasing the amount of work (more assignments, extracurricular reading, etc.)
providing supplemental materials

TYPES OF MATERIALS

Examples:

using . . .

textbooks
programmed instructional materials
audio aids
audiovisual aids
worksheets
workbooks
manipulative materials
games
teacher-made materials

B. MATERIALS

1. CONTENT *(Check those items you have tried.)*

___ CHANGED GRADE LEVEL OF MATERIALS
___ CHANGED TEXTBOOK/MATERIALS SERIES
___ REDUCED THE AMOUNT OF CONTENT
___ INCREASED THE AMOUNT OF CONTENT
___ PROVIDED SUPPLEMENTAL MATERIALS

Comments: _____

2. TYPES *(Check and describe the type of materials you have used with this student.)*

TYPE OF MATERIALS	DESCRIPTION
___ TEXTBOOK	
___ PROGRAMMED INSTRUCTION	
___ AUDIO AIDS	
___ AUDIOVISUAL AIDS	
___ WORKSHEETS/WORKBOOKS	
___ MANIPULATIVE MATERIALS	
___ GAMES	
___ TEACHER-MADE MATERIALS	
___ OTHER (specify)	

Comments: _____

Part C. Method of Grouping

1. *Check* the grouping for classroom activities and indicate the size of the group in which this student has been placed.

2. *Check* the seating arrangements used with the student.

3. *Check* the type of grouping tried with the student.

Examples:

Grouping for Classroom Activities

Having the student work . . .

individually with teacher/without teacher
with a small group with teacher/without teacher
with a large group with teacher/without teacher
with the entire class with teacher/without teacher
with peer
with student tutor

or . . .

Seating arrangement

placing the student closer to the teacher
placing the student further away from the teacher
placing the student near a specific peer
isolating the student as much as possible
using a student carrell

Type of grouping

grouping the student with others with the same interests
grouping the student with others with the same ability

C. METHOD OF GROUPING *(Check the methods you have tried.)*

1. GROUPING FOR CLASSROOM ACTIVITIES *(Check the grouping arrangements and indicate the size of the groups in which you have placed this student.)*

	INDIVIDUAL	SMALL GROUP	SIZE	LARGE GROUP	SIZE	TOTAL CLASS	SIZE
WITHOUT TEACHER							
WITH TEACHER							
WITH PEER							
WITH STUDENT TUTOR							

OTHER (Describe) _____

2. SEATING ARRANGEMENT
   - ____ PLACED STUDENT CLOSER TO TEACHER
   - ____ PLACED STUDENT FURTHER AWAY FROM TEACHER
   - ____ PLACED STUDENT NEAR A SPECIFIC PEER
   - ____ ISOLATED STUDENT AS MUCH AS POSSIBLE
   - ____ USED A STUDENT CARRELL
   - ____ OTHER (Describe) _____

3. TYPE OF GROUPING ____ INTEREST ____ ABILITY ____ OTHER (Describe) _____

Part D. Classroom Management Techniques

1. *Check* the various management techniques used with the student.

Examples:

stating your expectations and classroom rules clearly
questioning the student about the reasons for his/her behavior
providing positive or negative reinforcement for the student
redirecting the student's activities
providing understanding and support of student's behavior

D. **CLASSROOM MANAGEMENT TECHNIQUES** *(Check the management techniques you have used.)*

___ STATED EXPECTATIONS/CLASSROOM RULES CLEARLY
___ QUESTIONED STUDENT ABOUT REASONS FOR BEHAVIOR
___ POSITIVE/NEGATIVE REINFORCEMENTS
___ REDIRECTED STUDENT'S ACTIVITIES
___ PROVIDED UNDERSTANDING AND SUPPORT OF STUDENT'S BEHAVIOR

OTHER: _____

Part E. Scheduling

1. *Record* any scheduling alterations made with the student. For example, if the time of day materials were presented or the amount of time spent with certain materials was changed, describe the changes.

Examples:

changing the time of day you present the material to the student
changing the amount of time you expect the student to spend on an activity

E. **SCHEDULING** *(Where appropriate, describe any scheduling alterations you have attempted with this student.)*

_____

_____

_____

INSTRUCTIONAL STRATEGIES FOR ADDITIONAL AREAS OF CONCERN

Below is a reduced copy of the *Instructional Strategies* section used to record strategies for additional *Areas of Concern.* (For example, if the student needs assistance in both reading and math and the teacher feels that reading is the priority concern, record the *Instructional Strategies* used in meeting the student's reading needs directly on the CPW. Then record the strategies for mathematics on the *Instructional Strategies For Additional Areas of Concern* and staple it to the CPW.)

Follow the instructions on the previous pages — the procedure to be used is identical to those for the strategies section on the CPW.

INSTRUCTIONAL STRATEGIES FOR ADDITIONAL AREAS OF CONCERN

STUDENT'S NAME _____

NOTE: If you have more than one AREA OF CONCERN for the student, record INSTRUCTIONAL STRATEGIES for your *priority* area directly on the CPW. For each additional area use one of the INSTRUCTIONAL STRATEGIES sheets and attach it to the CPW.

Instructions: *Check the area of concern which you have indicated for this student. Then check and describe the instructional strategies you <u>have</u> used. In addition, circle those which you have found most effective.*

A. AREA OF CONCERN

ACADEMIC SOCIOEMOTIONAL PERCEPTUAL MOTOR SELF CARE LANGUAGE/SPEECH HEALTH-RELATED GIFTED/TALENTED

B. MATERIALS

1. CONTENT *(Check those items you have tried.)*

___ CHANGED GRADE LEVEL OF MATERIALS
___ CHANGED TEXTBOOK/MATERIALS SERIES
___ REDUCED THE AMOUNT OF CONTENT
___ INCREASED THE AMOUNT OF CONTENT
___ PROVIDED SUPPLEMENTAL MATERIALS

Comments: _____

2. TYPES *(Check and describe the type of materials you have used with this student.)*

TYPE OF MATERIALS	DESCRIPTION
___ TEXTBOOK	
___ PROGRAMMED INSTRUCTION	
___ AUDIO AIDS	
___ AUDIO/VISUAL AIDS	
___ WORKSHEETS/WORKBOOKS	
___ MANIPULATIVE MATERIALS	
___ GAMES	
___ TEACHER-MADE MATERIALS	
___ OTHER (specify)	

Comments: _____

C. METHOD OF GROUPING *(Check the methods you have tried.)*

1. GROUPING FOR CLASSROOM ACTIVITIES *(Check the grouping arrangements and indicate the size of the groups in which you have placed this student.)*

	INDIVIDUAL	SMALL GROUP	SIZE	LARGE GROUP	SIZE	TOTAL CLASS	SIZE
WITHOUT TEACHER							
WITH TEACHER							
WITH PEER							
WITH STUDENT TUTOR							

OTHER (Describe) _____

2. SEATING ARRANGEMENT

___ PLACED STUDENT CLOSER TO TEACHER
___ PLACED STUDENT FURTHER AWAY FROM TEACHER
___ PLACED STUDENT NEAR A SPECIFIC PEER
___ ISOLATED STUDENT AS MUCH AS POSSIBLE
___ USED A STUDENT CARRELL
___ OTHER *(Describe)* _____

3. TYPE OF GROUPING ___ INTEREST ___ ABILITY ___ OTHER *(Describe)* _____

D. CLASSROOM MANAGEMENT TECHNIQUES *(Check the management techniques you have used.)*

___ STATED EXPECTATIONS/CLASSROOM RULES CLEARLY
___ QUESTIONED STUDENT ABOUT REASONS FOR BEHAVIOR
___ POSITIVE/NEGATIVE REINFORCEMENTS
___ REDIRECTED STUDENT'S ACTIVITIES
___ PROVIDED UNDERSTANDING AND SUPPORT OF STUDENT'S BEHAVIOR

OTHER _____

E. SCHEDULING *(Where appropriate, describe any scheduling alterations you have attempted with this student.)*

_____

_____

_____

Distribution Instructions

1. The teacher continues to maintain the student's Classroom Support Folder in his/her files. The folder at this point contains a completed TRS (Teacher Request for Support) and the original (no copies) of the CPW (Classroom Planning Worksheet)

2. The Teacher brings the folder to the PAS (Plan for Alternative Strategies) Meeting

PLAN FOR ALTERNATIVE STRATEGY (PAS)

Purpose: • To provide the teacher who is holding the PAS Planning meeting with the specialist, parent(s), and/or student with procedures for:

identifying and selecting alternative strategies
structuring the planning meeting
recording the strategies that are agreed upon during the planning meeting

• When the selected strategies are reviewed, the PAS is also used to

structure the review meeting
record the decisions reached

Model letters for inviting parents to the PAS planning and review meetings are provided in Appendix A.

Who completes the PAS?

The teacher who will be implementing the strategies in his/her classroom will complete the PAS during the planning meeting.

Who receives copies?

The teacher who implements the strategies keeps the student's folder which now contains the completed PAS (Sections 1-9 of the PAS).

The parent, who is kept informed of the alternative strategies used with the student, is given a copy of pages 5 and 6 (Sections 1-9 of the PAS). The pages contain the Student Need Statement and the strategies which will be used in an attempt to meet the student's needs.

Description:

The PAS, located on pages 5-7, is the multicopy pink part of the Classroom Support Folder. It contains an identification block and thirteen (13) individual sections. Below is an outline of these sections.

Part 1. PAS Planning Meeting

1. Parent Notification of PAS Planning Meeting

2. Participants at PAS Planning Meeting

3. Area of Concern

4. Student's Strengths

5. Student Need Statement

6. Strategy for meeting Student's Needs
   A. Classroom Alternatives
   B. Related/Supportive Service Alternatives

7. Nature of Strategy Change

8. Duration of Strategy

9. Evaluation of Strategy

10. Strategy Modifications

11. Evaluation of this PAS

12. Educational Assessment

Part II. PAS Review Meeting

13A. Parent Notification of PAS Review Meeting
13B. Participants at PAS Review Meeting
13C. Recommendation

Assign the *PAS Number* at the top of the page before completing the remainder of the sections (example: PAS 1, 2, or 3, etc., designed for this student).

SECTION 1. PARENTAL NOTIFICATION

1. *Record* the date and time of the PAS Planning Meeting.

2. *Check* the method by which the parent(s) were invited to the meeting.

3. *Record* the date you invited the parent(s) to the meeting.

4. *Record* relevant comments about your communications with the parent(s).

1. **PARENT NOTIFICATION OF PAS PLANNING MEETING**

Date and time of PAS planning meeting _____ (Month / Day / Year / Time)

Parent(s) were invited to meeting by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON Date parent(s) were invited _____

COMMENTS: _____

_____

SECTION 2. PARTICIPANTS AT PAS PLANNING MEETING

1. Have persons attending the PAS Planning Meeting *Sign* here.
2. *Indicate* each participant's title.

2. **PARTICIPANTS AT PAS PLANNING MEETING**
(The signatures and titles of persons attending the PAS planning meeting are recorded here.)

SIGNATURE	TITLE

SECTION 3. AREA OF CONCERN

1. *Check* the *Area of Concern* for which this PAS is being written.
2. *Use* a separate PAS for each *Area of Concern.*

3. **AREA OF CONCERN** *(Check the area of concern for which this PAS is being designed.)*
☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

SECTION 4. STUDENT'S STRENGTHS

1. *Describe* the student's strengths which should be considered as you plan an instructional program for this student. Examples might include:

excellent aural retention
exhibits task persistance if task is within his capabilities
enjoys helping the teacher
enjoys reading
generalizes concepts to other areas

4. **STUDENT'S STRENGTH** *(Describe those strengths which should be considered in planning an instructional program for this student.)*

SECTION 5. STUDENT NEED STATEMENT

1. *Complete* the sentence "It is expected that the student will be able to . . ." with specific skill(s) you hope the student will achieve. Here are examples of items which might be listed under the *Student Need Statement.*

   It is expected that the student will be able to . . .

   recognize 10 prefixes
   identify 15 nouns from Chapter 3 of the basal reader
   identify the main idea of paragraphs using the supplemental reader
   identify consonant blends (work with two sounds a week)
   compute in writing a two-digit number multiplied by a one-digit number without regrouping
   attend class regularly and on time
   put on and remove own coat

5. **STUDENT NEED STATEMENT** *(Indicate the specific skills to be addressed.)*
   It is expected that the student will be able to _____

SECTION 6. STRATEGY FOR MEETING STUDENT'S NEEDS

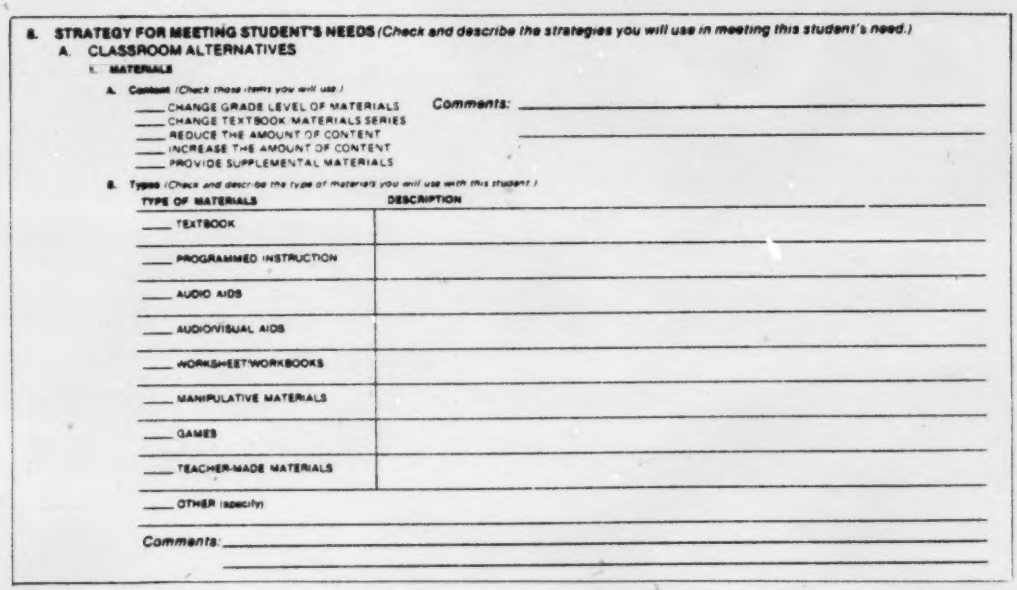
This strategy section includes two subcategories for the strategies you plan to use with the student. They are:

Classroom Alternatives
Related/Supportive Service Alternatives

Part A. Classroom Alternatives

1. Materials

1. *Check* the content and types of materials you plan to use with the student.
2. *List* specific titles and/or series of materials.
3. *Record* any other relevant information pertaining to materials.



6. **STRATEGY FOR MEETING STUDENT'S NEEDS** *(Check and describe the strategies you will use in meeting this student's need.)*
   A. CLASSROOM ALTERNATIVES
      1. MATERIALS
         A. Content *(Check those items you will use.)*
            ___ CHANGE GRADE LEVEL OF MATERIALS
            ___ CHANGE TEXTBOOK MATERIALS SERIES
            ___ REDUCE THE AMOUNT OF CONTENT
            ___ INCREASE THE AMOUNT OF CONTENT
            ___ PROVIDE SUPPLEMENTAL MATERIALS

            Comments: _____

         B. Types *(Check and describe the type of materials you will use with this student.)*

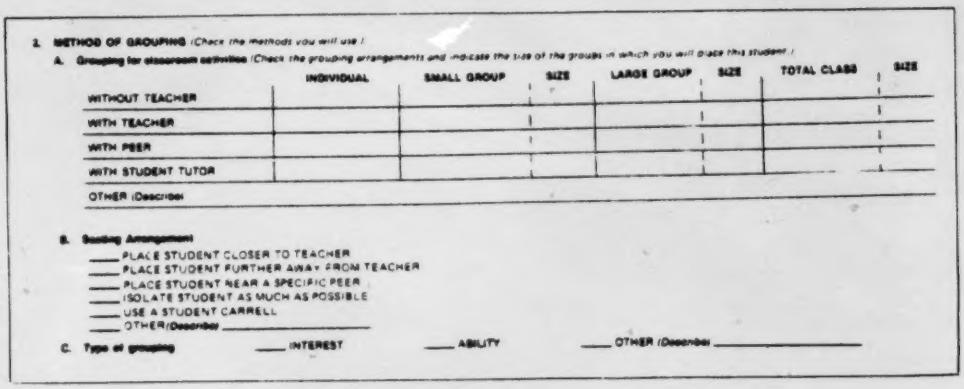
TYPE OF MATERIALS	DESCRIPTION
___ TEXTBOOK	
___ PROGRAMMED INSTRUCTION	
___ AUDIO AIDS	
___ AUDIOVISUAL AIDS	
___ WORKSHEET/WORKBOOKS	
___ MANIPULATIVE MATERIALS	
___ GAMES	
___ TEACHER-MADE MATERIALS	

___ OTHER (specify)

Comments: _____

2. Method of Grouping

1. *Check* the methods of grouping you will try.
2. *Indicate* the size of the group in which you will place the student.
3. *Check* the seating arrangement you will use.
4. *Check* the type of grouping you will use.



2. METHOD OF GROUPING (Check the methods you will use.)

A. Grouping for classroom activities (Check the grouping arrangements and indicate the size of the groups in which you will place this student.)

	INDIVIDUAL	SMALL GROUP	SIZE	LARGE GROUP	SIZE	TOTAL CLASS	SIZE
WITHOUT TEACHER							
WITH TEACHER							
WITH PEER							
WITH STUDENT TUTOR							

OTHER (Describe) _____

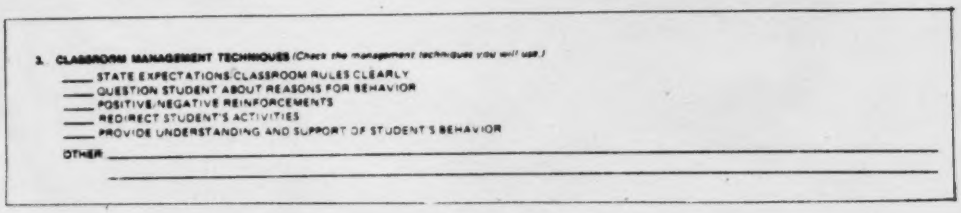
B. Seating Arrangement

____ PLACE STUDENT CLOSER TO TEACHER
____ PLACE STUDENT FURTHER AWAY FROM TEACHER
____ PLACE STUDENT NEAR A SPECIFIC PEER
____ ISOLATE STUDENT AS MUCH AS POSSIBLE
____ USE A STUDENT CARRELL
____ OTHER (Describe) _____

C. Type of grouping ____ INTEREST ____ ABILITY ____ OTHER (Describe) _____

3. Classroom Management Techniques

1. *Check* the classroom management techniques you will try.



3. CLASSROOM MANAGEMENT TECHNIQUES (Check the management techniques you will use.)

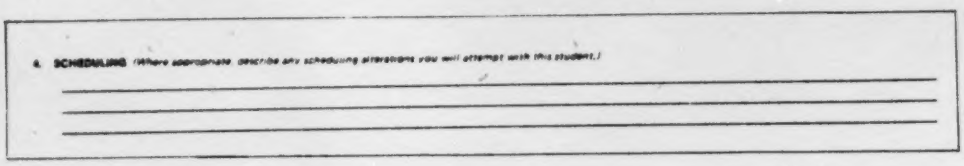
____ STATE EXPECTATIONS/CLASSROOM RULES CLEARLY
____ QUESTION STUDENT ABOUT REASONS FOR BEHAVIOR
____ POSITIVE/NEGATIVE REINFORCEMENTS
____ REDIRECT STUDENT'S ACTIVITIES
____ PROVIDE UNDERSTANDING AND SUPPORT OF STUDENT'S BEHAVIOR

OTHER _____

4. Scheduling

1. *Describe* any scheduling changes you make, such as:

presenting the materials at a different time of day
reducing or increasing the amount of time a student will spend on an activity
assigning a certain amount of time the student is expected to work at home



4. SCHEDULING (Where appropriate, describe any scheduling alterations you will attempt with this student.)

_____
_____
_____

Part B. Related/Supportive Service Alternatives

1. *Record* information about any special services you may use with this student. These services might include counseling, recreational therapy, supportive academic instruction, and summer remedial instruction courses. They may be sponsored and operated by either the school, community, or private organizations.

2. *Record* any services the parents have already obtained for the student other than those provided by the school (Item 8).

8. RELATED/SUPPORTIVE SERVICE ALTERNATIVES *(For each service you will use, please provide a description including time allotted, location, and personnel.)*

ALTERNATIVE	HOURS/DAY/WEEK	LOCATION	PERSONNEL
1. ____ PARENT COUNSELING AND TRAINING			
2. ____ STUDENT COUNSELING			
3. ____ MEDICAL SERVICES			
4. ____ REMEDIAL INSTRUCTION			
5. ____ SOCIAL WORK SERVICES			
6. ____ VOCATIONAL COUNSELING			

7. ____ OTHER *(Specify)*

8. PARENTAL OBTAINED SERVICES *(Document any services which the parent(s) have obtained for this student other than those provided by the school.)*

Comments:

SECTION 7. NATURE OF STRATEGY CHANGE

1. *Check only* those areas in which you are making changes in the student's program.

2. *Describe briefly* how the proposed strategies differ from those currently provided.

7. NATURE OF STRATEGY CHANGE *(Check the areas in which you will make changes and briefly describe how the proposed strategies will differ from what you have already tried.)*

☐ CLASSROOM ALTERNATIVES
1. ____ MATERIALS
2. ____ METHOD OF GROUPING
3. ____ CLASSROOM MANAGEMENT TECHNIQUES
4. ____ SCHEDULING

☐ RELATED SUPPORTIVE SERVICE ALTERNATIVES
1. ____ PARENT COUNSELING AND TRAINING
2. ____ STUDENT COUNSELING
3. ____ MEDICAL SERVICES
4. ____ REMEDIAL INSTRUCTION
5. ____ SOCIAL WORK SERVICES
6. ____ VOCATIONAL COUNSELING
7. ____ OTHER *(Specify)* _____

DESCRIPTION OF CHANGES

SECTION 8. DURATION OF STRATEGY

1. *Indicate* the amount of time you intend to use the newly designed strategies in terms of number of days, weeks, months, or grading periods that will be used.

2. *Record* the date the strategies will be implemented.

3. *Record* the date the strategies will be reviewed.

8. **DURATION OF STRATEGY** *(Estimate the time it will take the student to acquire the specific skills listed under STUDENT NEED STATEMENT.)*

____ DAYS ____ WEEKS ____ MONTHS ____ GRADING PERIOD STARTING DATE: _____ REVIEW DATE: _____

SECTION 9. EVALUATION OF STRATEGY

1. *Record* the criteria and the type of evidence needed to show progress. Be specific.

Example A.

Criteria: 80% accuracy in reading comprehension of the supplementary reader

Type of Evidence: grade on a weekly test using a ten paragraph selection from the supplementary reader

Example B.

Criteria: 100% attendance and on time to class from 10 consecutive days

Type of Evidence: teacher record of attendance/tardiness

9. **EVALUATION OF STRATEGY** *(Indicate how you will assess the student's success in attaining the specific skill. In addition, list the criteria to be used for determining if the student has acquired the skill.)*

CRITERIA FOR EVALUATING STRATEGY: _____

_____

TYPE OF EVIDENCE NEEDED TO SHOW PROGRESS: _____

_____

NOTE: *Sections 10, 11, and 12 are to be completed by the Teacher AFTER the PAS has been implemented and prior to the PAS Review Meeting.*

If during the implementation of the PAS it is apparent to the Teacher and Specialist that the student should be referred to Stage II, Planning and Placement, the Additional Service Recommendation meeting could be combined with the final PAS Review Meeting. The ASR meeting is described in the next section of this guide. In this case, the Classroom Support (Stage I) Coordinator would assist the Teacher in notifying the parent(s) about the meeting.

SECTION 10. STRATEGY MODIFICATIONS

1. *Record* modifications prior to the PAS Review Meeting. After implementing the strategies designed at the PAS Planning Meeting, if the teacher finds that minor modifications are required, the changes are to be recorded here. For example:

   content too much for student — reduced from 10 to 5 prefixes
   grouping with peers unsatisfactory — change to student tutor
   student needs additional reinforcement — have started using tokens for each completed assignment

10. **STRATEGY MODIFICATIONS** *(Record any changes you have made in the strategies prior to the PAS REVIEW MEETING.)*

_____

_____

_____

SECTION 11. EVALUATION OF THIS PAS

1. *Check* the student's responses to the PAS after the strategies have been implemented for the prescribed period of time.

2. *Record* any relevant comments.

11. **EVALUATION OF THIS PAS** ☐ EXCEEDED EXPECTATIONS ☐ MET EXPECTATIONS ☐ MADE SOME PROGRESS ☐ MADE NO PROGRESS

Comments: _____

_____

_____

SECTION 12. EDUCATIONAL ASSESSMENT

1. *Record* the results of any educational assessments that have been performed since the implementation of this PAS.

12. **EDUCATIONAL ASSESSMENT** *(If any educational assessments have been done since the implementation of this PAS, please summarize the results below.)*

DATE: _____ TEST NAME: _____ ADMINISTERED BY: _____

RESULTS: _____

INTERPRETATION: _____

SECTION 13. PAS REVIEW MEETING (page 7)

Part A. Parental Notification

1. *Record* the date and time of the PAS Review Meeting.

1. *Indicate* how the parents were invited to the meeting (letter, telephone call, or in person). A model letter for parental notification is provided in Appendix A.

3. *Record* the date you invited the parents.

4. *Record* other relevant information about your communications with the parent(s) under the comments section.

13A. PARENT NOTIFICATION OF PAS REVIEW MEETING

Date and time of PAS review meeting _____ (Month / Day / Year / Time)

Parents were invited to PAS review meeting by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON

Date parent(s) were invited _____

COMMENTS: _____

Part B. Participants at PAS Review Meeting

1. Have persons attending the PAS Review Meeting *sign* here.

2. *Indicate* each participant's title.

13B. PARTICIPANTS AT PAS REVIEW MEETING

(The signatures and titles of persons attending the PAS review meeting are recorded here.)

SIGNATURE	TITLE

Part C. Recommendation

1. *Check* the recommendation agreed upon by you and other persons at the meeting. Follow the directions listed for that recommendation. Five possible recommendations are listed:

   1. **Student No Longer Requires PAS Intervention**
      (The Teacher retains the student's folder in his/her files.)

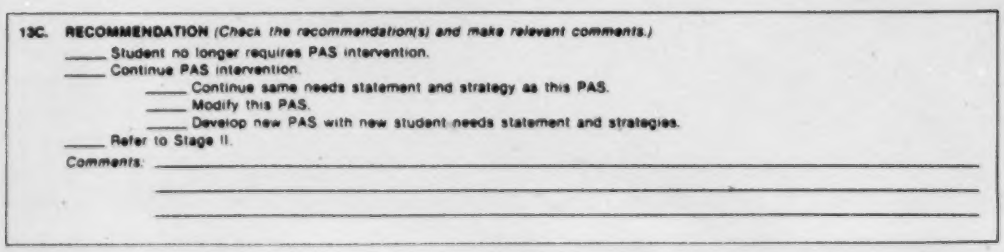
   2. **Continue PAS Intervention**
      - *Continue same student need and strategy as this PAS.* Use a new PAS form and *complete* the PAS #.
      - *Note* that the strategies will be the same as those recorded on the previous PAS. (Also list the number of the older PAS.) This notation is made under Section 5 — Student Need Statement.
      - *Record* the amount of time you will continue this strategy under *Duration of Strategy.*
      - *Staple* this new PAS to the previous PAS.

   3. **Modify This PAS**
      - *Check* here if either the Student Need Statement, the Strategies, or some other item should be changed.
      - *Complete* the ID block of a new PAS.
      - *Record* "Same as PAS # ____ " for those items that will remain unchanged.
      - *Indicate* changes you are making by completing the appropriate sections.
      - *Staple* new PAS in folder.

   4. **Develop New PAS With New Student Need Statement And Strategies**
      Follow the instructions for completing a new PAS.

   5. **Refer to Stage II — Planning and Placement**
      If it is decided the student would benefit from services available in Stage II (Planning and Placement) of the Comprehensive Approach to Pupil Planning, *check* here. The coordinator will then set up an ASR (Additional Service Recommendations) Meeting.

2. *Record* any relevant comments.



13C. **RECOMMENDATION** *(Check the recommendation(s) and make relevant comments.)*
____ Student no longer requires PAS intervention.
____ Continue PAS intervention.
____ Continue same needs statement and strategy as this PAS.
____ Modify this PAS.
____ Develop new PAS with new student needs statement and strategies.
____ Refer to Stage II.
Comments: _____

Distribution Instructions

1. After the **PAS Planning Meeting** detach pages 5 and 6 and give to the parent(s).

2. After the **PAS Review Meeting** detach page 7 and give to the parent(s). The teacher continues to maintain the student's folder in her files.

3. If the student is to be referred to STAGE II — Planning and Placement, the teacher gives the student's folder to the CAPP coordinator who then arranges an ASR (Additional Service Recommendation) Meeting.

ADDITIONAL SERVICE RECOMMENDATION (ASR)

Purpose:
- To provide a structuring format for the STAGE I meeting where recommendations are made to refer the student to

  appropriate medical personnel for screening or treatment, or
  STAGE II for the determination of special services

- To provide documentation of the parental consent for further evaluation necessary before STAGE II — Planning and Placement services can be implemented

Who Completes the ASR?

The Coordinator will complete the ASR.

Who Receives Copies of the ASR?

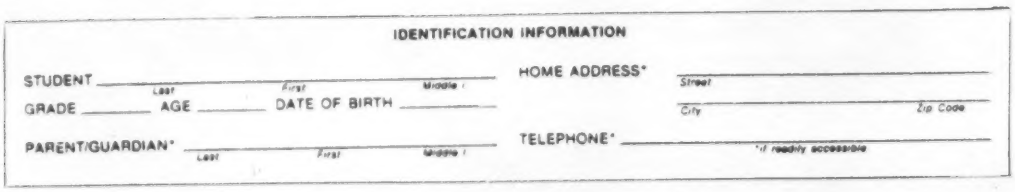
After the ASR Meeting, if the student is referred for STAGE II services, the Coordinator forwards the ASR and other information gathered during STAGE I to the Stage II Coordinator.

The Parent(s)

Description:
The ASR is located on page 8 of the Classroom Support Folder. It is gold in color and automatically produces one copy. It contains an ID Block and 4 sections. Instructions for completing each section follow.

IDENTIFICATION INFORMATION

1. *Complete* the student ID information (get information from TRS ID block). It is necessary to repeat the ID because this ASR form is eventually detached from the Stage I folder and filed with the student's confidential records.


IDENTIFICATION INFORMATION

STUDENT _____ (Last / First / Middle I)
GRADE _____ AGE _____ DATE OF BIRTH _____
PARENT/GUARDIAN* _____ (Last / First / Middle I)

HOME ADDRESS* _____ (Street)
_____ (City / Zip Code)
TELEPHONE* _____ (*if readily accessible)

SECTION 1. PARENT NOTIFICATION OF ASR MEETING

1. *Record* the date, time, and location of the ASR meeting.
2. *Check* the method used to advise the parent(s) about the meeting.
3. *Record* the date the meeting was scheduled with parents.
4. Use comments section to indicate whether or not parents will attend meeting (if known) and other relevant comments.

1. **PARENT NOTIFICATION OF ASR MEETING**

Date and time of ASR meeting _____ (Month) (Day) (Year) (Time)

Meeting was scheduled with parents by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON Date parent(s) were invited _____

COMMENTS: _____

SECTION 2. PARTICIPANTS AT ASR MEETING

1. Have all persons attending the ASR meeting *sign* here.
2. *Indicate* their titles.

2. **PARTICIPANTS AT ASR MEETING**

(The signatures and titles of persons attending the ASR meeting are recorded here.)

SIGNATURE	TITLE

SECTION 3. RECOMMENDATION

1. During the ASR meeting, the coordinator, specialist, the referring classroom teacher, the parent(s), and the student, if applicable, will *review* the information concerning this student and arrive at a recommendation. *Check* the recommendation.
2. If the student is being referred for additional medical screening and/or treatment, *record* the results of any preliminary screening done during Stage I.
3. *Note* comments pertaining to medical screening in the space provided.
4. *Record* other pertinent comments.

3. **RECOMMENDATION** *(After reviewing the information concerning this student, record the recommendations here.)*

_____ Refer for the determination of eligibility for supplemental and/or special services.

_____ Refer to appropriate medical personnel for screening/treatment. *(Record the results of any preliminary screening done during Stage I. Also record relevant comments.)*

VISION	DEFICIT	CORRECTED	NORMAL
HEARING	DEFICIT	CORRECTED	NORMAL
OTHER			

COMMENTS: _____

_____ Other *(Specify)* _____

COMMENTS: _____

SECTION 4. PARENTAL CONSENT FOR EVALUATION

This section is included because state and federal mandates require parental consent before further evaluation can take place.

1. ***Record*** the name of the school district.
2. ***Record*** the student's name.
3. ***Explain*** the consent requirements to the parent(s) and give him/her the state-prepared brochure on suggested procedures for special education matters.
4. Have the parent ***sign*** the consent section.
5. If the parent(s) will ***not*** give consent, have them sign the last portion of the form.
6. If at this point the parent(s) wishes to waive parental rights to attend the Planning and Placement Team Meeting, have the parent ***sign*** the waiver section.

4.

PARENTAL CONSENT FOR EVALUATION

This is to indicate that I give my permission to _____ (School District)

to evaluate my child _____ (Name), for the purpose of determining his/her educational and/or special service needs. The tests and evaluation procedures which will be utilized are: _____, _____, _____, _____ and _____.

I understand that I will be contacted when these evaluations are completed and will have the opportunity to discuss the results with school personnel.

I further understand that the results of these evaluations will be reviewed by a planning and placement team, of which I am invited to be an active member. The planning and placement team will determine if my child is eligible to receive and requires special education and/or other related services. I will be contacted in order for the school to set a mutually agreeable date and time for this meeting.

_____ Signature _____ Date _____ Signature _____ Date

Sign here if you wish to waive your right to attend the planning and placement team meeting.

_____ Signature _____ Date _____ Signature _____ Date

This is to indicate that I do not give my permission for _____ (School District)

personnel to administer individual psychological, vocational, speech and language tests or any other individual evaluation to my child _____ (Name).

_____ Signature _____ Date _____ Signature _____ Date

DISTRIBUTION INSTRUCTIONS

1. If STAGE II Planning and Placement services have been recommended at the PAS Review Meeting, the teacher gives the student's Classroom Support Folder to the coordinator.

2. The Coordinator then arranges the ASR meeting witn the parent.

3. At the ASR meeting, the parent signs the parental consent for evaluation. The coordinator then detaches the *copy (not the original)* and gives it to the parents. The parent copy is the very last page of the folder.

4. The coordinator then completes the checklist on the front of the folder and forwards the student's Classroom Support Folder along with the *original* of the ASR, plus the other information gathered during Stage I to the Stage II Coordinator.

CAPP — STAGE I

_____ TRS
_____ CPW
_____ PAS
_____ ASR
_____ Standardized Achievement Tests
_____ Past Academic Records
_____ Attendance Data
_____ Health Report (Date: _____)
_____ Social Worker's Report (Date: _____)
_____ Parent Interview (Date: _____)
_____ Other: _____
_____ Educational Assessments *(Other than those listed above)*
Specify: _____
_____
_____

CAPP — STAGE II

_____ Planning and Placement Team Agenda
_____ Parental Consent for Special Education Placement
_____ Student Assessment/Evaluation Information
- _____ Psychological
- _____ Adaptive Behavior
- _____ Observational
- _____ Developmental History
- _____ Speech and Language
- _____ Prevocational/Vocational
- _____ Medical
- _____ Other relevant information:

Specify: _____
_____
_____

CAPP — STAGE III

_____ Teacher's Instructional Plan

FINALIZING THE CLASSROOM SUPPORT STAGE

WHEN A STUDENT NO LONGER REQUIRES STAGE I SERVICES . . .

If the student needs have been met by following the procedures outlined in the Classroom Support Folder, the student's folder should be filed with his/her cumulative records for future reference.

WHEN A STUDENT IS REFERRED FOR CONSIDERATION OF SPECIAL SERVICES . . .

If a student is referred to Stage II — Planning and Placement, his/her Classroom Support Folder is forwarded to the Stage II coordinator.

The persons who have been active in the student's Classroom Support Phase will also be involved in varying degrees in the Planning and Placement Procedures. Because of their continued involvement, it is highly recommended that the teacher, the specialist, and the Stage I coordinator familiarize themselves with the Stage II Planning and Placement Guide. The guide details their roles and presents the procedures which will be followed as the Planning and Placement committee considers the student's eligibility for special services.

APPENDIX A

MODEL LETTERS FOR PARENTAL NOTIFICATION

NOTE TO PARENT — TEACHER REQUEST FOR SUPPORT *(This note is optional.)*

Purpose: ● To notify parents that the teacher is concerned about their child and plans to meet with other school personnel (the specialist) to discuss the concern.

Description of the note:

This is a white, single copy note.

Who completes the note? Teacher

Who receives copies? Parents

Instructions for completing the note:

1. Record:
   - Date note is sent
   - Parent's name
   - Teacher's name

2. Circle:
   - Son or daughter

3. Record:
   - Subject or reason of teacher's concern
   - Specialist's name and role
   - Student's name
   - School phone number
   - Teacher's conference hours

Date: _____

To: _____
(Parent's name)

From: _____
(Teacher's name)

Your son/daughter seems to need assistance with _____ in addition
(Subject or reason for teachers concern)

to that which I am able to provide in my regular schedule. I have asked _____,
(Specialist's name)

_____ to meet with me to discuss my concerns.
(Specialist's role)

If we feel that changing the materials and/or instructional strategies I am presently using will help _____, we will set up a planning meeting to which you will be
(Student's name)

invited. At that meeting, we will hopefully find some alternative strategies which will help your child have a more successful learning experience. If you have any questions, please leave a message at the school office and I will call you.

The school phone number is _____.

My conference hours are _____.

NOTE TO PARENTS — PAS PLANNING MEETING

Purpose: To notify the parents that the teacher is concerned about their child to invite parents to participate in planning alternative strategies for their child.

Description of the note:

This is a pink, single-copy note.

Who completes the note? Teacher

Who receives copies? Parents

Instructions for completing the note:

1. Record:
   - Date note is sent
   - Parent's name
   - Teacher's name
   - Student's name

2. Circle:
   - son or daughter

3. Record:
   - Day of week meeting will be held
   - Date of meeting
   - Time of meeting
   - Location of meeting
   - School telephone number
   - Teacher's conference hours

Date: _____

To: _____
(Parent's name)

From: _____
(Teacher's name)

Subject: Planning meeting for _____
(Student's name)

Your son/daughter seems to need assistance with _____ in addition
(Subject or reason for meeting)

to that which I am able to provide in my regular classroom schedule. I have asked _____,
(Specialist's name)

_____ _____ to meet with me to discuss my concerns and to plan some changes in
(Specialist's role)

the materials and/or instructional strategies we might use with your child.

We plan to meet on _____.
(Day of week) *(Date)* *(Time)*

Location of meeting _____.
(Building and room number)

We hope you will be able to attend this planning session in which we will seek ways to help your child have a successful learning experience. If you are unable to come to the meeting, we will send you a copy of the Plan for Alternative Strategies which outlines the changes we are going to try in your child's program. Later on, after we have used the revised plans, we also hope you will join us when we review your child's reactions to the changes. If you have any questions about the meeting, please leave a message at the school office and I will call you.

The school phone number is _____.

My conference hours are _____.

NOTE TO PARENTS — PAS REVIEW MEETING

Purpose: To remind the parents of the date and time of the PAS REVIEW MEETING held to review their child's responses to the alternative strategies which have been implemented.

Description of Note:

This is a pink, single-copy note.

Who completes the note: Teacher

Who receives copies: Parents

Instructions for completing the note:

1. Record:
   Date note is sent
   Parent's name
   Teacher's name
   Student's name

2. Circle one:
   son's or daughter's
   his or her

3. Record:
   Day of week meeting will be held
   Date of meeting
   Time of meeting
   Location of meeting
   School telephone number
   Teacher's conference hours

Date: _____

To: _____
(Parent's name)

From: _____
(Teacher's name)

Subject: PAS Review meeting for _____.
(Student's name)

It is now time to review the Plan for Alternative Strategies (PAS) we have been using to meet your son's/daughter's educational needs. We hope you will join us as we review his/her responses to the changes we made in his/her program. We plan to meet on _____.
(Day of week) *(Date)* *(Time)*

Location of meeting _____.
(Building and room number)

If you have any questions about the meeting, please leave a message at the school office, and I will call you.

The school phone number is _____.

My conference hours are _____.

NOTE TO PARENTS — ASR MEETING

Purpose: ● To notify the parents of the school personnel's continuing concern about their child and to invite the parents to discuss the request for STAGE II — Planning and Placement services or for additional medical screening and/or treatment.

Description of Note:

This is a gold, single-copy note.

Who completes the note: Coordinator

Who receives copies: Parent(s)

Instructions for completing the note:

1. Record:
   Date note is sent
   Parent's name
   Coordinator's name
   Student's name

2. Circle:
   son's or daughter's

3. Record:
   Request area you wish to discuss with the parent.

4. Circle:
   Son's or daughter's if the request if for Stage II (Planning and Placement) services.

5. Record:
   Day of week, date, and time meeting will be held
   Location of the meeting
   Your office phone number

Date: _____

To: _____
(Parent's name)

From: _____
(Coordinator's name)

Subject: Additional Service Request Meeting for _____.
Student's name)

We are concerned about your son's/daughter's _____
(Reason for concern)

_____

Because of this concern, your child's classroom teacher, the CAPP specialist, and I would like to meet with you to discuss the following:

- ☐ The possible need for some additional medical screening and/or treatment.
- ☐ The possibility of requesting some additional services available in STAGE II of the Comprehensive Approach to Pupil Planning System because the changes in the materials and/or instructional strategies we have tried during STAGE I of CAPP have not completely met your son's/daughter's needs. At the meeting, we will review your child's progress and answer any questions you might have about the STAGE II services.

We plan to meet on _____.
(Day of Week) *(Date)* *(Time)*

Location of meeting _____.
(Building and room number)

If you have any questions about the meeting date or time, please call me at _____.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C H Steenbergen

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

CAPP — Comprehensive Approach to Pupil Planning

Stage I

CLASSROOM SUPPORT PROCEDURES

TEACHER REQUEST FOR SUPPORT (TRS)

INSTRUCTIONS: The teacher completes the Date of Request, Identification Information and the first 4 sections of this TRS.

Date of Request ____ / ____ / ____
Month Day Year

IDENTIFICATION INFORMATION

A. SCHOOL

SCHOOL _____

TEACHER(S) _____ / _____ / _____
Last First Middle I.

_____ / _____ / _____
Last First Middle I.

ROOM NUMBER _____

GRADE/SUBJECT _____

CONFERENCE HOURS _____

STUDENT'S HOMEROOM TEACHER _____ / _____ / _____
Last First Middle I.

B. STUDENT

STUDENT _____ / _____ / _____
Last First Middle I.

GRADE ____ AGE ____ DATE OF BIRTH _____

PARENT/GUARDIAN* _____ / _____ / _____
Last First Middle I.

HOME ADDRESS* _____
Street

_____
City Zip Code

TELEPHONE* _____

*If readily accessible

1. AREA OF CONCERN

Check your major area(s) of concern, briefly describe the student's (A) Performance, (B) Behaviors, (C) Attitudes and/or (D) Abilities for each major area of concern. If you have identified more than one area of concern, *circle* the area which represents your priority need for this student.

☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF-CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

Your observations in area of concern: _____

_____

_____

_____

_____

_____

Has this student been temporarily removed from your classroom due to a crisis situation? ☐ YES (_____) ☐ NO
Date

Comments: _____

_____

2. RELATED SUPPORTIVE SERVICES HISTORY

Are you aware of any special services provided for this student now or in the past? ☐ YES ☐ NO

If relevant, indicate the (A) type, (B) location, and (C) personnel delivering the service.

_____

_____

3. TEACHER RECOMMENDATIONS

Please record any suggestions for meeting this student's needs more effectively. Your suggestions may include specific titles of materials, methods of grouping, classroom management techniques, scheduling or other recommendations.

_____

_____

4. PARENT NOTIFICATION

Have the parents been notified about your current concern for this student? ☐ YES ☐ NO

Comments: _____

_____

5. TEACHER NOTIFICATION

(To be completed by CAPP coordinator and returned to teacher.)

To: _____ Date: _____
Teacher

Your TRS for _____ has been processed.
Student

☐ A specialist has been contacted:

_____
Title Date

☐ Other _____

_____
Coordinator

CLASSROOM PLANNING WORKSHEET (CPW)

SECTION I. AREAS OF CONCERN

INSTRUCTIONS: *The teacher and specialist address only those Areas of Concern which are relevant to the teacher's request for support.*

A. ACADEMIC CONCERNS

1. ☐ READING *(Check the reading skills in which the student requires assistance.)*

☐ READINESS	☐ COMPREHENSION	☐ FUNCTIONAL READING
☐ WORD RECOGNITION	___ WORD MEANING	___ ORAL/SILENT
___ SIGHT VOCABULARY	___ SENTENCE MEANING	___ RATE
___ WORD ANALYSIS	___ LITERAL RECALL	___ FLUENCY
	___ MASTERY OF MATERIAL	___ OTHER: _____

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

_____

_____

STANDARDIZED TEST SCORES *(If available)*

_____ / _____ _____

Test *Date* *Grade Level Equivalent*

2. ☐ MATHEMATICS *(Check the mathematic skills in which the student requires assistance.)*

☐ BASIC OPERATIONS	☐ PROBLEM SOLVING	☐ CONCEPTS
___ COUNTING (ROTE)	___ WORD PROBLEMS	___ GROUPING
___ READING NUMERALS	___ APPLICATION OF PRINCIPLE	___ CARDINALITY
___ WRITING NUMERALS		___ ORDINALITY
___ ADDITION		___ MEASUREMENT
___ SUBTRACTION		___ TIME
___ MULTIPLICATION		___ SPATIAL RELATIONSHIPS
___ DIVISION		___ OTHER: _____
___ OTHER: _____		

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

_____

_____

STANDARDIZED TEST SCORES *(If available)*

_____ / _____ _____

Test *Date* *Grade Level Equivalent*

3. ☐ OTHER SUBJECT AREAS *(List the subject area and briefly describe the skills in which the student needs assistance. If your concern is the result of the student's difficulties in the acquisition of reading, mathematic or work habit skills, please complete the information in those sections.)*

_____

_____

_____

_____

_____

_____

PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

_____

_____

STANDARDIZED TEST SCORES *(If available)*

_____ / _____ _____

Test *Date* *Grade Level Equivalent*

4. ☐ WORK HABITS *(Check the behaviors which need improvement for this student.)*

___ EXHIBITING TASK PERSISTENCE
___ PARTICIPATING IN GROUP DISCUSSIONS
___ COMPLETING ASSIGNMENTS
___ COOPERATING IN GROUP ACTIVITIES
___ ATTENDING *(length of attention span)*
___ OTHER *(describe)* _____

_____

B. ☐ SOCIOEMOTIONAL CONCERNS

1. ☐ SOCIAL ADJUSTMENT *(If student's social adjustment in the classroom is an area of concern, check those areas in which the student requires assistance in developing skills.)*

___ POSITIVE SOCIAL BEHAVIOR
___ SOCIAL ACCEPTANCE BY PEERS
___ POSITIVE SELF-CONCEPT
___ SELF-DISCIPLINE
___ OTHER *(describe)* _____

Comments: _____

_____

2. ☐ CLASSROOM BEHAVIOR *(If the student's classroom behaviors are an area of concern, check those in which the student requires assistance.)*

___ SHOWING RESPECT FOR OTHER'S PROPERTY
___ RESPONDING TO AUTHORITY FIGURES
___ RESPECTING THE RIGHTS OF OTHERS
___ INTERACTING SPONTANEOUSLY/COOPERATIVELY WITH OTHERS
___ OBEYING CLASSROOM RULES
___ OTHER *(describe)* _____

Comments: _____

_____

_____

SECTION I. AREAS OF CONCERN *(continued)*

3. ☐ ATTENDANCE AND/OR TARDINESS *(If attendance or tardiness is an area of concern, please check here and indicate the number of times the student has been absent and/or tardy.)*

Comments: _____

_____

4. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

C. ☐ **PERCEPTUAL MOTOR CONCERNS** *(If the student's perceptual motor skills are an area of concern, check those skills or developmental areas which need attention.)*

1. ☐ GROSS MOTOR COORDINATION
2. ☐ FINE MOTOR COORDINATION
3. ☐ HAND-EYE COORDINATION
4. ☐ HANDEDNESS OR DEXTERITY
5. ☐ OTHER *(describe)* _____
6. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

Comments: _____

_____

_____

_____

D. ☐ **SELF-CARE** *(If the student's self-care skills are an area of concern, check those areas which need attention.)*

1. ☐ TOILETING
2. ☐ FEEDING
3. ☐ DRESSING
4. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

Comments: _____

_____

_____

_____

E. ☐ **LANGUAGE/SPEECH CONCERNS** *(If language or speech are areas of concern, check and describe those areas in which the student requires assistance. List examples of the student's behavior which resulted in your request for assistance.)*

1. ☐ EXPRESSIVE LANGUAGE
   - ____ SPOKEN _____
   - ____ WRITTEN _____
2. ☐ RECEPTIVE LANGUAGE
   - ____ SPOKEN _____
   - ____ WRITTEN _____
3. ☐ ARTICULATION _____

_____

4. ☐ VOICE _____

_____

5. ☐ FLUENCY OF SPEECH *(interruptions in speech patterns - stuttering)*

_____

_____

6. ☐ OTHER CONDITIONS *(physical, emotional or social which affect speech or hearing)*

_____

_____

7. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

F. ☐ **HEALTH-RELATED CONCERNS** *(Check those areas of concern which require attention. Provide examples of the student's behavior which resulted in your request for assistance.)*

1. ☐ HEARING _____

_____

2. ☐ VISION _____

_____

3. ☐ OTHER _____

G. ☐ **GIFTED/TALENTED CONCERNS** *(Check those areas in which the student exhibits superior abilities and where he/she needs services beyond those available in the regular classroom.)*

1. ☐ INTELLECTUALLY GIFTED
2. ☐ CREATIVE WRITING TALENT
3. ☐ ARTISTIC TALENT
4. ☐ DANCING TALENT
5. ☐ DRAMATIC TALENT
6. ☐ MUSICAL TALENT
7. ☐ SCIENTIFIC ABILITY
8. ☐ MECHANICAL SKILLS
9. ☐ LEADERSHIP ABILITIES
10. ☐ PHYSICAL SKILLS
11. PRESENT LEVEL OF EDUCATIONAL FUNCTIONING *(Describe the student's current level of educational performance.)*

_____

_____

SECTION II. INSTRUCTIONAL STRATEGIES

NOTE: For each AREA OF CONCERN complete an INSTRUCTIONAL STRATEGIES section. Record strategies below for your *priority* concern. For each additional AREA OF CONCERN you indicated use a separate INSTRUCTIONAL STRATEGIES sheet and attach it to this CPW.

Instructions: *Check the area of concern which you have indicated for this student. Then check and describe the instructional strategies you have used. In addition, circle those which you have found most effective.*

A. AREA OF CONCERN

☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF-CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

B. MATERIALS

1. CONTENT *(Check those items you have tried.)*

____ CHANGED GRADE LEVEL OF MATERIALS
____ CHANGED TEXTBOOK/MATERIALS SERIES
____ REDUCED THE AMOUNT OF CONTENT
____ INCREASED THE AMOUNT OF CONTENT
____ PROVIDED SUPPLEMENTAL MATERIALS

Comments: _____

2. TYPES *(Check and describe the type of materials you have used with this student.)*

TYPE OF MATERIALS	DESCRIPTION
____ TEXTBOOK	
____ PROGRAMMED INSTRUCTION	
____ AUDIO AIDS	
____ AUDIO/VISUAL AIDS	
____ WORKSHEETS/WORKBOOKS	
____ MANIPULATIVE MATERIALS	
____ GAMES	
____ TEACHER-MADE MATERIALS	

____ OTHER (specify)

Comments: _____

C. METHOD OF GROUPING *(Check the methods you have tried.)*

1. GROUPING FOR CLASSROOM ACTIVITIES *(Check the grouping arrangements and indicate the size of the groups in which you have placed this student.)*

	INDIVIDUAL	SMALL GROUP	SIZE	LARGE GROUP	SIZE	TOTAL CLASS	SIZE
WITHOUT TEACHER							
WITH TEACHER							
WITH PEER							
WITH STUDENT TUTOR							

OTHER (Describe) _____

2. SEATING ARRANGEMENT

____ PLACED STUDENT CLOSER TO TEACHER
____ PLACED STUDENT FURTHER AWAY FROM TEACHER
____ PLACED STUDENT NEAR A SPECIFIC PEER
____ ISOLATED STUDENT AS MUCH AS POSSIBLE
____ USED A STUDENT CARRELL
____ OTHER *(Describe)* _____

3. TYPE OF GROUPING ____ INTEREST ____ ABILITY ____ OTHER *(Describe)* _____

D. CLASSROOM MANAGEMENT TECHNIQUES *(Check the management techniques you have used.)*

____ STATED EXPECTATIONS/CLASSROOM RULES CLEARLY
____ QUESTIONED STUDENT ABOUT REASONS FOR BEHAVIOR
____ POSITIVE/NEGATIVE REINFORCEMENTS
____ REDIRECTED STUDENT'S ACTIVITIES
____ PROVIDED UNDERSTANDING AND SUPPORT OF STUDENT'S BEHAVIOR

OTHER: _____

E. SCHEDULING *(Where appropriate, describe any scheduling alterations you have attempted with this student.)*

_____

PLAN FOR ALTERNATIVE STRATEGY (PAS) # _____

INSTRUCTIONS: *Assign a number to this PAS before completing the remainder of the form.*

1. PARENT NOTIFICATION OF PAS PLANNING MEETING

Date and time of PAS planning meeting _____ (*Month* / *Day* / *Year* / *Time*)

Parent(s) were invited to meeting by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON Date parent(s) were invited _____

COMMENTS: _____

2. PARTICIPANTS AT PAS PLANNING MEETING

(The signatures and titles of persons attending the PAS planning meeting are recorded here.)

SIGNATURE	TITLE

3. AREA OF CONCERN *(Check the area of concern for which this PAS is being designed.)*

☐ ACADEMIC ☐ SOCIOEMOTIONAL ☐ PERCEPTUAL MOTOR ☐ SELF-CARE ☐ LANGUAGE/SPEECH ☐ HEALTH-RELATED ☐ GIFTED/TALENTED

4. STUDENT'S STRENGTH *(Describe those strengths which should be considered in planning an instructional program for this student.)*

_____

_____

5. STUDENT NEED STATEMENT *(Indicate the specific skills to be addressed.)*

It is expected that the student will be able to _____

_____

_____

6. STRATEGY FOR MEETING STUDENT'S NEEDS *(Check and describe the strategies you will use in meeting this student's need.)*

A. CLASSROOM ALTERNATIVES

1. **MATERIALS**

A. **Content** *(Check those items you will use.)*

_____ CHANGE GRADE LEVEL OF MATERIALS
_____ CHANGE TEXTBOOK/MATERIALS SERIES
_____ REDUCE THE AMOUNT OF CONTENT
_____ INCREASE THE AMOUNT OF CONTENT
_____ PROVIDE SUPPLEMENTAL MATERIALS

Comments: _____

_____

B. **Types** *(Check and describe the type of materials you will use with this student.)*

TYPE OF MATERIALS	DESCRIPTION
_____ TEXTBOOK	
_____ PROGRAMMED INSTRUCTION	
_____ AUDIO AIDS	
_____ AUDIO/VISUAL AIDS	
_____ WORKSHEET/WORKBOOKS	
_____ MANIPULATIVE MATERIALS	
_____ GAMES	
_____ TEACHER-MADE MATERIALS	

_____ OTHER (specify) _____

Comments: _____

_____

2. **METHOD OF GROUPING** *(Check the methods you will use.)*

A. **Grouping for classroom activities** *(Check the grouping arrangements and indicate the size of the groups in which you will place this student.)*

	INDIVIDUAL	SMALL GROUP	SIZE	LARGE GROUP	SIZE	TOTAL CLASS	SIZE
WITHOUT TEACHER							
WITH TEACHER							
WITH PEER							
WITH STUDENT TUTOR							

OTHER (Describe) _____

B. Seating Arrangement

_____ PLACE STUDENT CLOSER TO TEACHER
_____ PLACE STUDENT FURTHER AWAY FROM TEACHER
_____ PLACE STUDENT NEAR A SPECIFIC PEER
_____ ISOLATE STUDENT AS MUCH AS POSSIBLE
_____ USE A STUDENT CARRELL
_____ OTHER *(Describe)* _____

C. Type of grouping _____ INTEREST _____ ABILITY _____ OTHER *(Describe)* _____

3. CLASSROOM MANAGEMENT TECHNIQUES *(Check the management techniques you will use.)*

_____ STATE EXPECTATIONS/CLASSROOM RULES CLEARLY
_____ QUESTION STUDENT ABOUT REASONS FOR BEHAVIOR
_____ POSITIVE/NEGATIVE REINFORCEMENTS
_____ REDIRECT STUDENT'S ACTIVITIES
_____ PROVIDE UNDERSTANDING AND SUPPORT OF STUDENT'S BEHAVIOR

OTHER: _____

4. SCHEDULING *(Where appropriate, describe any scheduling alterations you will attempt with this student.)*

B. RELATED/SUPPORTIVE SERVICE ALTERNATIVES *(For each service you will use, please provide a description including time allotted, location, and personnel.)*

ALTERNATIVE	HOURS/DAY/WEEK	LOCATION	PERSONNEL
1. _____ PARENT COUNSELING AND TRAINING			
2. _____ STUDENT COUNSELING			
3. _____ MEDICAL SERVICES			
4. _____ REMEDIAL INSTRUCTION			
5. _____ SOCIAL WORK SERVICES			
6. _____ VOCATIONAL COUNSELING			

7. _____ OTHER *(Specify)*

8. PARENTAL OBTAINED SERVICES *(Document any services which the parent(s) have obtained for this student other than those provided by the school.)*

Comments: _____

7. NATURE OF STRATEGY CHANGE *(Check the areas in which you will make changes and briefly describe how the proposed strategies will differ from what you have already tried.)*

☐ CLASSROOM ALTERNATIVES
1. _____ MATERIALS
2. _____ METHOD OF GROUPING
3. _____ CLASSROOM MANAGEMENT TECHNIQUES
4. _____ SCHEDULING

☐ RELATED SUPPORTIVE SERVICE ALTERNATIVES
1. _____ PARENT COUNSELING AND TRAINING
2. _____ STUDENT COUNSELING
3. _____ MEDICAL SERVICES
4. _____ REMEDIAL INSTRUCTION
5. _____ SOCIAL WORK SERVICES
6. _____ VOCATIONAL COUNSELING
7. _____ OTHER *(Specify)* _____

DESCRIPTION OF CHANGES: _____

8. DURATION OF STRATEGY *(Estimate the time it will take the student to acquire the specific skills listed under STUDENT NEED STATEMENT.)*

_____ DAYS _____ WEEKS _____ MONTHS _____ GRADING PERIOD STARTING DATE: _____ REVIEW DATE: _____

9. EVALUATION OF STRATEGY *(Indicate how you will assess the student's success in attaining the specific skill. In addition, list the criteria to be used for determining if the student has acquired the skill.)*

CRITERIA FOR EVALUATING STRATEGY: _____

TYPE OF EVIDENCE NEEDED TO SHOW PROGRESS: _____

NOTE: After completing Sections 1-9 detach the top pages and give to the parents. (Sections 10, 11, and 12 are to be completed by the teacher after the PAS has been implemented.)

10. STRATEGY MODIFICATIONS *(Record any changes you have made in the strategies prior to the PAS REVIEW MEETING.)*

_____

_____

_____

11. EVALUATION OF THIS PAS ☐ EXCEEDED EXPECTATIONS ☐ MET EXPECTATIONS ☐ MADE SOME PROGRESS ☐ MADE NO PROGRESS

Comments: _____

_____

_____

12. EDUCATIONAL ASSESSMENT *(If any educational assessments have been done since the implementation of this PAS, please summarize the results below.)*

DATE: _____ **TEST NAME:** _____ **ADMINISTERED BY:** _____

RESULTS: _____

INTERPRETATION: _____

13. PAS REVIEW MEETING

INSTRUCTIONS: *Section 13(A), Parental Notification of PAS Review Meeting, is completed prior to the meeting and Sections 13(B) and (C) are completed during the PAS Review Meeting.*

13A. PARENT NOTIFICATION OF PAS REVIEW MEETING

Date and time of PAS review meeting _____ (*Month* / *Day* / *Year* / *Time*)

Parents were invited to PAS review meeting by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON

Date parent(s) were invited _____

COMMENTS: _____

_____

_____

13B. PARTICIPANTS AT PAS REVIEW MEETING

(The signatures and titles of persons attending the PAS review meeting are recorded here.)

SIGNATURE	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

13C. RECOMMENDATION *(Check the recommendation(s) and make relevant comments.)*

_____ Student no longer requires PAS intervention.

_____ Continue PAS intervention.

- _____ Continue same needs statement and strategy as this PAS.
- _____ Modify this PAS.
- _____ Develop new PAS with new student needs statement and strategies.

_____ Refer to Stage II.

Comments: _____

_____

_____

Stage I — Classroom Support

ADDITIONAL SERVICES RECOMMENDATION (ASR)

IDENTIFICATION INFORMATION

STUDENT _____ (Last / First / Middle I.) HOME ADDRESS* _____ (Street)

GRADE _____ AGE _____ DATE OF BIRTH _____ _____ (City / Zip Code)

PARENT/GUARDIAN* _____ (Last / First / Middle I.) TELEPHONE* _____ *if readily accessible

1. PARENT NOTIFICATION OF ASR MEETING

Date and time of ASR meeting _____ (Month / Day / Year / Time)

Meeting was scheduled with parents by: ☐ LETTER ☐ TELEPHONE ☐ IN PERSON Date parent(s) were invited _____

COMMENTS: _____

2. PARTICIPANTS AT ASR MEETING

(The signatures and titles of persons attending the ASR meeting are recorded here.)

SIGNATURE	TITLE

3. RECOMMENDATION *(After reviewing the information concerning this student, record the recommendations here.)*

_____ Refer for the determination of eligibility for supplemental and/or special services.

_____ Refer to appropriate medical personnel for screening/treatment. *(Record the results of any preliminary screening done during Stage I. Also record relevant comments.)*

VISION	DEFICIT	CORRECTED	NORMAL
HEARING	DEFICIT	CORRECTED	NORMAL
OTHER			

COMMENTS: _____

_____ Other *(Specify)* _____

COMMENTS: _____

4. PARENTAL CONSENT FOR EVALUATION

This is to indicate that I give my permission to _____ (School District)

to evaluate my child _____ (Name), for the purpose of determining his/her educational and/or special service needs. The tests and evaluation procedures which will be utilized are: _____, _____, _____, _____, _____, and _____.

I understand that I will be contacted when these evaluations are completed and will have the opportunity to discuss the results with school personnel.

I further understand that the results of these evaluations will be reviewed by a planning and placement team, of which I am invited to be an active member. The planning and placement team will determine if my child is eligible to receive and requires special education and/or other related services. I will be contacted in order for the school to set a mutually agreeable date and time for this meeting.

_____ (Signature) _____ (Date) _____ (Signature) _____ (Date)

Sign here if you wish to waive your right to attend the planning and placement team meeting.

_____ (Signature) _____ (Date) _____ (Signature) _____ (Date)

This is to indicate that I do not give my permission for _____ (School District)

personnel to administer individual psychological, vocational, speech and language tests or any other individual evaluation to my child _____ (Name).

_____ (Signature) _____ (Date) _____ (Signature) _____ (Date)